

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006603

FILED
Apr 01, 2004
Secretary of State

Entity Name: SALES FORCE SOLUTIONS, INC.

Current Principal Place of Business:

1715 N. WEST SHORE BOULEVARD, SUITE 120
TAMPA, FL 33607

New Principal Place of Business:

1715 N. WEST SHORE BOULEVARD
SUITE 150
TAMPA, FL 33607

Current Mailing Address:

1715 N. WEST SHORE BOULEVARD, SUITE 120
TAMPA, FL 33607

New Mailing Address:

1715 N. WEST SHORE BOULEVARD
SUITE 150
TAMPA, FL 33607

FEI Number: 31-1467341

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, JEFFREY R
1715 N. WEST SHORE BOULEVARD, SUITE 120
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

ALLEN, JEFFREY R
1715 N. WEST SHORE BOULEVARD
SUITE 150
TAMPA, FL 33607 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/01/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALLEN, JEFFREY R
Address: 1715 N. WEST SHORE BOULEVARD, SUITE 120
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY R. ALLEN

D

04/01/2004

Electronic Signature of Signing Officer or Director

Date