

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002308

Entity Name: I-TECH SOLUTIONS, INC.

FILED
Apr 20, 2005
Secretary of State

Current Principal Place of Business:

1265 S. SEMORAN BLVD.
STE. 1245, BLDG. 4
WINTER PARK, FL 32792 US

New Principal Place of Business:

Current Mailing Address:

1265 S. SEMORAN BLVD.
STE. 1245, BLDG. 4
WINTER PARK, FL 32792 US

New Mailing Address:

FEI Number: 04-3329147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AYLWARD, MARK
1265 S. SEMORAN BLVD.
STE. 1245, BLDG. 4
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CORDEIRO, SCOTT
Address: 100 GROSSMAN DRIVE STE 302
City-St-Zip: BRAINTREE, MA 02184

Title: VP () Delete
Name: CORDEIRO, SCOTT
Address: 100 GROSSMAN DRIVE STE 302
City-St-Zip: BRAINTREE, MA 02184

Title: T () Delete
Name: AYLWARD, MARK
Address: 1265 S SEMORAN BLVD., STE 1245 BLDG 4
City-St-Zip: WINTER PARK, FL 32792

Title: S () Delete
Name: AYLWARD, MARY
Address: 1265 S SEMORAN BLVD., STE 1245 BLD 4
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CORDEIRO, SCOTT
Address: 150 GROSSMAN DRIVE STE 307
City-St-Zip: BRAINTREE, MA 02184

Title: VP (X) Change () Addition
Name: CORDEIRO, SCOTT
Address: 150 GROSSMAN DRIVE STE 307
City-St-Zip: BRAINTREE, MA 02184

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

Title: S (X) Change () Addition
Name: AYLWARD, MARK
Address: 1265 S SEMORAN BLVD., STE 1245 BLD 4
City-St-Zip: WINTER PARK, FL 32792

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: MAURICIO FELDMAN

MA

04/20/2005

Electronic Signature of Signing Officer or Director

_____ Date