2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 30, 2004 8:00 am Secretary of State **DOCUMENT # F98000006139** 04-30-2004 90235 029 ***150.00 SOLUTIONS4SURE.COM, INC. Principal Place of Business Mailing Address 2200 OLD GERMANTOWN ROAD 2200 OLD GERMANTOWN ROAD DELRAY BEACH, FL 33445 DELRAY BEACH, FL 33445 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03232004 Cha-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 06-1526627 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATE CREATIONS NETWORK, INC. Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change Addition MARTIN, BRUCE NAME NAME 201 DAYBREAK RD. STREET ADDRESS STREET ADDRESS SOUTHPORT, CT 06490 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change GODWIN, TIMOTHY NAME NAME STREET ADDRESS 13811 WHISPERWOOD DR. STREET ADDRESS CLEÁRWATER, FL 33762 CITY-ST-ZIP CITY-ST-7IP CEOS ☐ Addition ☐ Chance TITLE Delete Delete TITI F JAMES, WILLIAM S NAME NAME STREET ADDRESS 22 HEANVLEY LANE STREET ADDRESS CITY-ST-ZIP TRUMBULL, CT 06611 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete DAVID FANNIN NAME 2200 OFD GERMANTOWN ROAD DELROY BEACK FL 33445 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITI F VPAS TITLE ☐ Change NAME NAME BRIAN DAN 2300 DAD GERMANTOWN ROAD BRIAN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL 33445 CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE JEFFREY HAIKEN 2200 OLD GERMANTOWAROAD NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Aiken SI. V.P.

Daytime Phone #

FILED