


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90294 013 \*\*\*150.00

DOCUMENT # J50508		
1. Entity Name HITECH SOLUTIONS, INC.		

Principal Place of Business 2086 E EDGEWOOD DR LAKELAND, FL 33803-3640 US	Mailing Address 2086 E EDGEWOOD DR 4315 ORANGEWOOD CIR LAKELAND, FL 33803-3640 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01052006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2755802	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
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WING, JOHN H <del>2020 E EDGEWOOD DR</del> 1121 Waters Edge Dr <del>TOWNHOUSE #46</del> LAKELAND, FL <del>33803</del> 33801
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7. Name and Address of New Registered Agent
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Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS
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TITLE	DCFO	<input type="checkbox"/> Delete
NAME	HOUGHTALING, SAMUEL V.	
STREET ADDRESS	2624 JOHN ARTHUR WAY	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	WING, JOHN H.	
STREET ADDRESS	2020 E. EDGEWOOD DR. TOWNHOUSE #46	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	DP	<input type="checkbox"/> Delete
NAME	COX, JAMES W.	
STREET ADDRESS	6416 RUNNING BEAR DR.	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHMIDT, MICHAEL B.	
STREET ADDRESS	2342 MAPLE HILL DRIVE	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	FOLEY, DANIEL P	
STREET ADDRESS	4315 ORANGEWOOD CIR	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE	DCOB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1121 Waters Edge Dr	
STREET ADDRESS	Lakeland FL 33801	
CITY-ST-ZIP		
TITLE	DP CEO T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: 	Date: Apr 18, 2006	Daytime Phone #: 863-669-1327
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