


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90082 046 ***150.00

DOCUMENT # K56603 1. Entity Name CPU SOLUTIONS, INC.					
Principal Place of Business 4811 DARTMOUTH AVE N SAINT PETERSBURG, FL 33713			Mailing Address 4811 DARTMOUTH AVE N SAINT PETERSBURG, FL 33713		
2. Principal Place of Business 7253 CHANNELSIDE LANE Suite, Apt. #, etc.		3. Mailing Address 7253 CHANNELSIDE LANE Suite, Apt. #, etc.			
City & State PINELLAS PARK FL Zip 33781 Country USA		City & State PINELLAS PARK FL Zip 33781 Country USA		4. FEI Number 59-2929371	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent IRELAND, WALTER R. 4811 DARTMOUTH AVE N SAINT PETERSBURG, FL 33713			7. Name and Address of New Registered Agent Name WALTER R IRELAND Street Address (P.O. Box Number is Not Acceptable) 7253 CHANNELSIDE LANE PINELLAS PARK City FL Zip Code 33781		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IRELAND, WALTER R. <input type="checkbox"/> Delete 4811 DARTMOUTH AVE N SAINT PETERSBURG, FL 33713		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7253 CHANNELSIDE LANE PINELLAS PARK FL 33781	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CROAK, EDWARD E <input type="checkbox"/> Delete 110 HAVEN BEACH DRIVE #2 INDIAN ROCKS BEACH, FL 33785		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3113 STATE ROAD 580 #175 SAFETY HARBOR FL 34695	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u>Walter R Ireland</u> WALTER R IRELAND 4/13/05 727-480-9746 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					