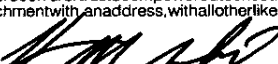


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90234 012 ***150.00

DOCUMENT# M68802 1. EntityName FUTUREBUSINESSSOLUTIONS,INC.																													
PrincipalPlaceofBusiness 940 CENTER CIR STE 2004 ALTAMONTE SPRINGS, FL 32714 US		MailingAddress 1132 SYMONDS AVE WINTER PARK, FL 32789 US																											
2. PrincipalPlaceofBusiness Suite,Apt.#,etc.		3. MailingAddress 1131 Symonds Avenue Suite,Apt.#,etc.		94061239 																									
City&State Zip		City&State Winter Park, FL Zip 32789		4. FEINumber 59-2872717																									
Country USA		5. CertificateofStatusDesired ☐ \$8.75 Additional FeeRequired		02022004 Chg-P CR2E034(10/03)																									
6. NameandAddressofCurrentRegisteredAgent WILDER,CHARLESD. 1132SYMONDSAvenue WINTERPARK,FL32789				7. NameandAddressofNewRegisteredAgent Name Charles D. Wilder StreetAddress (P.O.BoxNumberisNotAcceptable) 1131 Symonds Avenue City Winter Park FL ZipCode 32789																									
8. Theabovenamedentitysubmits thisstatementfor thepurposeof changing its registeredoffice or registered agent, or both, in theStateof Florida. I am familiarwith, and accept the obligationsof registered agent. SIGNATURE  Charles D. Wilder 2/3/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature is required when re-instating) DATE																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. ElectionCampaignFinancing TrustFundContribution. ☐ \$5.00 May Be AddedtoFees																											
10. OFFICERSANDDIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td>DPST WHITE,KENTM.</td> <td>☐</td> </tr> <tr> <td>STREETADDRESS</td> <td>1011BROADWAYSTREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ALTAMONTESPRINGS,FL</td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME	DPST WHITE,KENTM.	☐	STREETADDRESS	1011BROADWAYSTREET		CITY-ST-ZIP	ALTAMONTESPRINGS,FL		11. ADDITIONS/CHANGESTOOFFICERSANDDIRECTORSIN11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>☐ ☐</td> </tr> <tr> <td>STREETADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change Addition	NAME		☐ ☐	STREETADDRESS			CITY-ST-ZIP		
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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:  Kent-M. White 04/15/04 407-682-3991 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone#																													