2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# N01000007465

Entity Name: PROFIT SOLUTIONS FOR GOVERNMENT, INC.

Current Principal Place of Business:

1522 PENMAN ROAD
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

734 OCEANFRONT
NEPTUNE BEACH, FL 32266

Current Mailing Address:

1522 PENMAN ROAD
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

734 OCEANFRONT
NEPTUNE BEACH, FL 32266

FEI Number: 59-3759016 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLANKENSHIP, KIMBERLY A ESQ
1300 MARSH LANDING PARKWAY SUITE 108
JACKSONVILLE BEACH, FL 32250 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BOMHARD, LIZANNE
Address: 1522 PENMAN RD.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D ( ) Delete
Name: TANNER, DORCAS
Address: 4242-16 ORTEGA BLVD.
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete
Name: BUSHNELL, ELLEN
Address: ST. JOHNS BLUFF SOUTH
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BOMHARD, LIZANNE
Address: 734 OCEANFRONT
City-St-Zip: NEPTUNE BEACH, FL 32266

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LIZANNE BOMHARD MS. 04/28/2004
Electronic Signature of Signing Officer or Director — Date