2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000021867

FILED Apr 14, 2006 Secretary of State

Entity Name: TECHNICAL, INNOVATIVE, PRACTICAL SOLUTIONS, INC.

Current Principal Place of Business: New Principal Place of Business: 3453 BRIAR BRANCH TR. TALLAHASSEE, FL 32312 **Current Mailing Address: New Mailing Address:** 3453 BRIAR BRANCH TR. TALLAHASSEE, FL 32312 FEI Number: 59-3705585 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROSS-DONALDSON, SHARON 3453 BRIAR BRANCH TR. TALLAHASSEE, FL 32312 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition ROSS-DONALDSON, SHARON Name: Name: 3453 BRIAR BRANCH TR. Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: Title: Title: () Change () Addition () Delete Name: GAGLIANO, CAROL A Name: 410 VICTORY GARDEN DR., #6 Address: Address: TALLAHASSEE, FL 32301 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON ROSS-DONALDSON PRES 04/14/2006