

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000053427

Entity Name: ANTARA SOLUTIONS, INC

FILED
Mar 06, 2004
Secretary of State

Current Principal Place of Business:

P O BOX 454
LAKE HELEN, FL 327440454

New Principal Place of Business:

Current Mailing Address:

P O BOX 454
LAKE HELEN, FL 327440454

New Mailing Address:

FEI Number: 59-3657133

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSEN, ASTRID CPA
1351 BARREL SPRINGS TR.
DELAND, FL 32720

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: ANDERSON, ASTRID
Address: 1351 BARREL SPRINGS
City-St-Zip: DELAND, FL 32720

Title: SVP () Delete
Name: LANAGAN, TARA
Address: 310 CHANDLER DR #2B
City-St-Zip: GREER, SC 29651

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: ANDERSEN, ASTRID
Address: 1351 BARREL SPRINGS
City-St-Zip: DELAND, FL 32720

Title: VP (X) Change () Addition
Name: LANAGAN, TARA
Address: 2329 DUNCAN RD
City-St-Zip: MARYVILLE, TN 37804

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

SIGNATURE: ASTRID ANDERSEN

PT

03/06/2004

Electronic Signature of Signing Officer or Director

Date