


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000077277</b> 1. Entity Name <b>SUNCOAST TECHNICAL SOLUTIONS, INC.</b>	
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Principal Place of Business <b>5232 SUMMERWOOD COURT SARASOTA, FL 34233</b>	Mailing Address <b>5232 SUMMERWOOD COURT SARASOTA, FL 34233</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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02162005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1036151</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>T&amp;H COMPTROLLERS, INC. 200 CAPRI ISLES BLVD SUITE #2 VENICE, FL 34292</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UNDERWOOD, DAVID 5232 SUMMERWOOD COURT SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UNDERWOOD, PATRICIA 5232 SUMMERWOOD COURT SARASOTA, FL 34233
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<p>U00000354354 05/03/05-80104-011 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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)(f), 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:** Patricia M. Underwood April 28, 05 941-922-2421  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #