


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

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|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P00000097421 1. Entity Name SPATIAL SOLUTIONS INC. |  |
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| Principal Place of Business 210 CREWILLA DRIVE FORT WALTON BEACH, FL 32548 | Mailing Address 210 CREWILLA DRIVE FORT WALTON BEACH, FL 32548 |
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DO NOT WRITE IN THIS SPACE



04232004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3698705 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent LAMBERT, BRIAN J 210 CREWILLA DRIVE FORT WALTON BEACH, FL 32548 |
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IN THIS SPACE**

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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reactivating)</small> | DATE _____ |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|----------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LAMBERT, BRIAN J 210 CREWILLA FT WALTON BEACH, FL 32548 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV LIVINGSTON, JAMIE B 12416 175TH ROAD N JUPITER FARMS, FL 33478 |
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U000000132458
04/27/04-80048-006 150.00

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IN THIS SPACE**

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.

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|-------------------------------------------------------------------------------------------------------|-------------------------|---------------------|--------------------------------|
| SIGNATURE:  | BRIAN J. LAMBERT | 4/22/04 | 850-243-6313 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | <small>Daytime Phone #</small> |