2006 FOR PROFIT CORPORATION

FILED Mar 16, 2006 08:00 AM

ANNUAL KEPUKI					viai 10,		
DOCU 1. Entity Nam	MENT # P0000010480			Secre	etary of	State	
	TWARE SOLUTIONS, INC.						
	OR CHASE DR	ailing Address 14604 TUDOR CHASE DR TAMPA, FL 33626	····	lemanum pr	gam asin san san san	si Mws Skill Sheel held	. Valit vidladi ti radi
				03062005	No Chg-P	CR2E034 (1	
	OO NOT WRITE II	CE	4. FEI Numbe 59-368	2582	£0.7	Applied For Not Applicable 5 Additional	
				5. Certificate	of Status Desired		tequired
	5. Name and Address of Current Regis	tered Agent					
MARTIN, ROBERT J JR. 14604 TUDAR CHASE DR TAMPA, FL 33626					NOT W		
	e named entity submits this statement for the patients of registered agent. Signature, typed or printed name of registered agent and title		ed office or register		h, in the State of Flo.	nda. I am familia DATE	ir with, and accept
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				OD May Ba ed to Fees	-		
10.	OFFICERS AND DIREC	CTORS	<u> </u>				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D MARTIN, ROBERT J JR 14604 TUDOR CHASE DR TAMPA, FL 33626						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				44.	090990 -405860	ใช กับส <u>ล</u> บ -ชีบีบีบัร-นี้ 1	9 150.00
THILE NAME STREET ADDRESS CITY-ST-ZIP	;		DO	NOT W	RITE		
TITLE NAME STREET ACCRESS CITY-ST-ZIP	:	IN THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
7171.5			ł				

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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:	/Ltt	1 ht

NAME STREET ADDRESS CITY-ST-ZIP

813-852-(607) Oaytime Phone (

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR