2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 18, 2005 08:00 AM Secretary of State **DOCUMENT # P00000112072** EVEREST SOLUTIONS, INC. Mailing Address Principal Place of Business 2134 EVEREST PKWY 2134 EVEREST PKWY CAPE CORAL, FL 33904 __ CAPE CORAL, FL 33904 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1057079 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MILLER, JERRY DO NOT WRITE 2134 EVEREST PKWY CAPE CORAL, FL 33904 IN THIS SPACE 5. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS Р TITI F MILLER, NANCY NAME 100000182347 01/19/05-80025-007 150.00 STREET ADDRESS 2134 EVEREST PKWY CITY-ST-ZIP CAPE CORAL, FL 33904 **VPS** MILLER, JERRY NAME STREET ADDRESS 2134 EVEREST PKWY CITY-ST-ZIP CAPE CORAL, FL 33904 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify 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 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

JERRY MILLER SIGNING OFFICER OF DIRECTOR

01.14, 2005

239.574.2511 Daytime Phone #

FILED