2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000113457

Entity Name: PJP SOLUTIONS, INC.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

880 MANCHESTER AVE OVIEDO, FL 32765

Current Mailing Address: New Mailing Address:

880 MANCHESTER AVE OVIEDO, FL 32765

FEI Number: 59-3684555 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NEWMAN, JILL
2790 N FEDERAL HWY, SUITE 201
BOCA RATON, FL 33431 US
THEVENIN, HARRY
677 TERRACE DRIVE
OVIEDO, FL 32765 US

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: HARRY THEVENIN 04/29/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVS () Delete Title: (X) Change () Addition JEAN-PIERRE, PASCALE JEAN-PIERRE, PASCALE Name: Name: 4048 IVEYGLEN AVE 880 MANCHESTER AVENUE Address: Address: City-St-Zip: ORLANDO, FL 32826 City-St-Zip: OVIEDO, FL 32765

 Title:
 HR
 () Delete
 Title:
 HR
 (X) Change () Addition

 Name:
 ALCINDOR, MARCELIN
 Name:
 ALCINDOR, MARCELIN

 Address:
 16527 75TH PLACE N
 Address:
 880 MANCHESTER AVENUE

City-St-Zip: LOXAHATCHEE, FL 33470 City-St-Zip: OVIEDO, FL 32765

Title: CFO () Delete Title: CFO (X) Change () Addition Name: FRAY, MARIE FRAY, MARIE

Address: 606 HIBISCUS AVENUE Address: 880 MANCHESTER AVENUE City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: OVIEDO, FL 32765

Title: M () Delete Title: M (X) Change () Addition

Name:THEVENIN, HARRYName:THEVENIN, HARRYAddress:617 TERRACE DRIVEAddress:677 TERRACE DRIVECity-St-Zip:OVIEDO, FL 32765City-St-Zip:OVIEDO, FL 32765

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: PASCALE JEAN-PIERRE PVS 04/29/2005