# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2004**
**Secretary of State**

DOCUMENT# P01000013205

**Entity Name:** SOLUTIONS INTERACTIVE, INC.

**Current Principal Place of Business:**

5311 W LAUREL
TAMPA, FL 33602

**New Principal Place of Business:**

8508 BENJAMIN ROAD, SUITE C
TAMPA, FL 33634

**Current Mailing Address:**

PO BOX 30719
TAMPA, FL 336303719

**New Mailing Address:**

**FEI Number: 91-2104045** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US

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

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: _____

Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: TAYLOR, WILLIAM S JR
Address: 5311 W LAUREL
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete
Name: PLESS, JAMES A
Address: 5311 W LAUREL
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete
Name: SCAGLIONE, LUCILLE
Address: 5311 W LAUREL
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete
Name: LANTZ, DON
Address: 580 NACHES AVE SW, STE 101
City-St-Zip: RENTON, WA 98055

Title: D ( ) Delete
Name: GALVIN, ROBERT
Address: 23 STRATHMORE RD
City-St-Zip: NATICK, MA 017602442

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: TAYLOR, WILLIAM S JR
Address: P.O. BOX 30719
City-St-Zip: TAMPA, FL 336303719

Title: D (X) Change ( ) Addition
Name: PLESS, JAMES A
Address: P.O. BOX 30719
City-St-Zip: TAMPA, FL 336303719

Title: D (X) Change ( ) Addition
Name: SCAGLIONE, LUCILLE
Address: P.O. BOX 30719
City-St-Zip: TAMPA, FL 336303719

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JAMES A PLESS D 04/30/2004

Electronic Signature of Signing Officer or Director — Date