

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000013205

FILED
Apr 28, 2005
Secretary of State

Entity Name: SOLUTIONS INTERACTIVE, INC.

Current Principal Place of Business:

8508 BENJAMIN ROAD, SUITE C
TAMPA, FL 33634

New Principal Place of Business:

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:

JAMES A. PLESS
8508 BENJAMIN ROAD
SUITE C
TAMPA, FL 33634 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: JAMES A PLESS

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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

04/28/2005

Electronic Signature of Signing Officer or Director

Date