

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000013205

FILED  
Apr 28, 2006  
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:

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

## Name and Address of New Registered Agent:

PLESS, JAMES A  
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

04/28/2006

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: D (X) Change ( ) Addition  
Name: LANTZ, DON  
Address: 18251 CASCADE AVE. S. , STE B  
City-St-Zip: TUKWILA, WA 98188

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 Chapter 119, 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

04/28/2006

Electronic Signature of Signing Officer or Director

Date