2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000052562

Entity Name: CHRISTIAN BUSINESS SOLUTIONS, INC.

FILED Feb 10, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

4887 BELFORT RD 8159 ARLINGTON EXP

SUITE 28 STE 201

JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32211 US

Current Mailing Address: New Mailing Address:

4887 BELFORT RD 8159 ARLINGTON EXP STE 201

JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32211 US

FEI Number: 59-3721357 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:

GUNN, MARSHALL D JR GEISLER, M CURT 4887 BELFORT RD 8159 ARLINGTON EXP #28 US JACKSONVILLE, FL 32211

STE 201 JACKSONVILLE, FL 32256 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: M CURT GEISLER 02/10/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

GEISLER, CURT GEISLER, CURT Name: Name: 4887 BELFORT RD STE 201 8159 ARLINGTON EXP #28 Address: Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32211

Title: () Delete Title: DVP () Change (X) Addition Name: Name: TRAVIS. CHARLES

8159 ARLINGTON EXP #28 Address: Address: JACKSONVILLE, FL 32211 US City-St-Zip: City-St-Zip:

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

TRIMBLE, JAMES H Name: Name: 8159 ARLINGTON EXP #28 Address Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32211

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

SOUTHCOM GROUP INC. Name: Name: Address: Address: 8159 ARLINGTON EXP #28 City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32211

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: M CURT GEISLER **PRES** 02/10/2005