

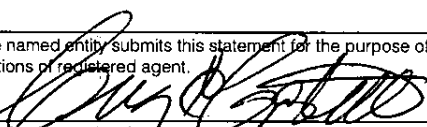
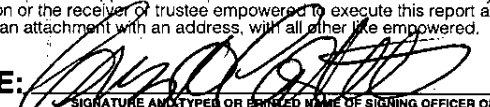


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P01000085724</b> 1. Entity Name <b>VELOCITY BUSINESS SOLUTIONS, INCORPORATED</b>					
Principal Place of Business <b>1107 W. MABBETTE STREET KISSIMMEE, FL 34741</b>			Mailing Address <b>1107 W. MABBETTE STREET KISSIMMEE, FL 34741</b>		
2. Principal Place of Business <b>6220 S Orange Blossom TR Suite 175 Orlando, FL 32809</b>		3. Mailing Address <b>6220 S Orange Blossom TR Suite 175 Orlando, FL 32809</b>			
4. FEI Number <b>59-3698260</b>		Applied For <input type="checkbox"/> Not Applicable		04302004 Chg-P CR2E034 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent <b>CASTILLO, CRUZ E 1107 W. MABBETTE STREET KISSIMMEE, FL 34741</b>			
7. Name and Address of New Registered Agent Name <b>CASTILLO, CRUZ E</b> Street Address (P.O. Box Number is Not Acceptable) <b>6220 S Orange Blossom TR Suite 175</b> City <b>Orlando</b> FL <b>32809</b>		8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: <b>4-30-04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS CASTILLO, CRUZ E 1107 W. MABBETTE STREET KISSIMMEE, FL 34741		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CASTILLO, CRUZ E 6220 S Orange Blossom TR Suite 175 Orlando, FL 32809	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100036187241 05/12/04--01024--009 **450.00		100036187241 05/12/04--01024--009 **450.00		
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: <b>4-30-04</b> Daytime Phone #		