


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 07, 2004 8:00 am**  
**Secretary of State**

06-07-2004 90001 041 \*\*\*150.00

<b>DOCUMENT # P01000092112</b>	
1. Entity Name <b>BRIGHTER SOLUTIONS, INC.</b>	

Principal Place of Business <b>2701 NE 1ST STREET STE 102 POMPAÑO BEACH, FL 33062</b>	Mailing Address <b>2701 NE 1ST STREET STE 102 POMPAÑO BEACH, FL 33062</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>3435 LAUREL OAKS LN</b> Suite, Apt. #, etc.
City & State	City & State <b>Hollywood FL</b>
Zip	Country <b>33021 BROWARD</b>

05312004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1141512</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>PTC WORLD WIDE, INC. 1367 S UNIVERSITY DR PLANTATION, FL 33324</b>	7. Name and Address of New Registered Agent Name <b>CONSULTING SOLUTIONS INC</b> Street Address (P.O. Box Number is Not Acceptable) <b>939 SW 149 TER</b> City <b>SUNRISE</b> <b>FL</b> Zip Code <b>33326</b>
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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 *Mark Lucian*, PRESIDENT DATE 5/30/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DORROUGH, SUSAN 2701 NE 1ST STREET STE 102 POMPAÑO BEACH, FL 33062</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3435 LAUREL OAKS LN Hollywood FL 33021</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Susan Dorrough* PRESIDENT DATE 5/31/04 954-913-1456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #