2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005
Secretary of State

DOCUMENT# P01000106366

Entity Name: JACOB'S TECHNOLOGY SOLUTIONS CORP.

Current Principal Place of Business:

4090 HODGES BLVD., APT 1801
JACKSONVILLE, FL 32224

New Principal Place of Business:

1188 EAGLE POINT DR. E
ST. AUGUSTINE, FL 32092

Current Mailing Address:

4090 HODGES BLVD., APT 1801
JACKSONVILLE, FL 32224

New Mailing Address:

1188 EAGLE POINT DR. E
ST. AUGUSTINE, FL 32092

FEI Number: 59-3755362 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PASTOR, HECTOR R
4090 HODGES BLVD., APT 1801
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

PASTOR, HECTOR R
1188 EAGLE POINT DR. E
ST. AUGUSTINE, FL 32092 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: HECTOR R PASTOR 02/10/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: PASTOR, HECTOR R
Address: 4090 HODGES BLVD., APT 1801
City-St-Zip: JACKSONVILLE, FL 32224

Title: VD ( ) Delete
Name: PASTOR, KATHY J
Address: 4090 HODGES BLVD., APT 1801
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: PASTOR, HECTOR R
Address: 1188 EAGLE POINT DR. E
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: VD (X) Change ( ) Addition
Name: PASTOR, KATHY J
Address: 1188 EAGLE POINT DR. E
City-St-Zip: ST. AUGUSTINE, FL 32092

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: HECTOR R PASTOR PSTD 02/10/2005
Electronic Signature of Signing Officer or Director Date