2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000111355

Entity Name: SOLUTION DESIGN, INC.

FILED Apr 14, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

450 NW 20ST APT 211 520 SE 5TH AVENUE SUITE 3605 BOCA RATON, FL 33431 520 SE 5TH AVENUE SUITE 3605 FORT LAUDERDALE, FL 33301

Current Mailing Address: New Mailing Address:

450 NW 20ST APT 211 520 SE 5TH AVENUE SUITE 3605 BOCA RATON, FL 33431 520 SE 5TH AVENUE SUITE 3605 FORT LAUDERDALE, FL 33301

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GALLON, RAUL
450 NW 20TH ST APT 211
BOCA RATON, FL 33431
GALLON, RAUL
520 SE 5TH AVENUE SUITE 3605
FORT LAUDERDALE, FL 33301

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: RAUL GALLON 04/14/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 GALLON, RAUL
 Name:
 GALLON, RAUL

 Address:
 450 NW 20TH ST APT 211
 Address:
 520 SE 5TH AVENUE SUITE 3605

 City-St-Zip:
 BOCA RATON, FL 33431
 City-St-Zip:
 FORT LAUDERDALE, FL 33431

Title: VPD () Delete Title: () Change () Addition Name: VISNE, TOM Name:

 Name:
 VISNE, TOM
 Name:

 Address:
 20846 PINAR TRIAL
 Address:

 City-St-Zip:
 BOCA RATON, FL 33433
 City-St-Zip:

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: RAUL GALLON D 04/14/2004