2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005
Secretary of State

DOCUMENT# P01000111355

Entity Name: SOLUTION DESIGN, INC.

Current Principal Place of Business:

520 SE 5TH AVENUE SUITE 3605
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

520 SE 5TH AVENUE
SUITE 3605
FORT LAUDERDALE, FL 33301

Current Mailing Address:

520 SE 5TH AVENUE SUITE 3605
FORT LAUDERDALE, FL 33301

New Mailing Address:

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:

GALLON, RAUL
520 SE 5TH AVENUE SUITE 3605
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

GALLON, RAUL
520 SE 5TH AVENUE
SUITE 3605
FORT LAUDERDALE, FL 33301 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: RAUL GALLON 04/22/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GALLON, RAUL
Address: 520 SE 5TH AVENUE SUITE 3605
City-St-Zip: FORT LAUDERDALE, FL 33431

Title: VPD ( ) Delete
Name: VISNE, TOM
Address: 20846 PINAR TRIAL
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: VIGNE, TOM
Address: 20846 PINAR TRIAL
City-St-Zip: BOCA RATON, FL 33433

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 DIR 04/22/2005
Electronic Signature of Signing Officer or Director Date