## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Apr 07, 2005 08:00 AM Secretary of State DOCUMENT # P01000111754 GEE RESOLUTIONS, INC. Principal Place of Business Mailing Address 4195 SOUTH US HWY 1 4195 SOUTH US HWY 1 SUITE 101 **SUITE 101** ROCKLEDGE, FL 32955-5385 ROCKLEDGE, FL 32955-5385 3 03302005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3759283 Not Applicable \$8.75 Additional 5. Certificate of Status Desired ee Required 6. Name and Address of Current Registered Agent GEE, NANCY G DO NOT WRITE 4133 LONG LEAF DR. MELBOURNE, FL 32940 IN THIS SPACE . 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME GEE, NANCY G STREET ADDRESS 4133 LONG LEAF DR. MELBOURNE, FL. 32940 CITY-ST-ZIP TITLE NAME U00000291688 04/07/05-80040-009 158.75 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 the empowered.

NAME OF SIGNING OFFICER OR DESECTOR