

FILED  
Jun 18, 2003 8:00 am  
Secretary of State

06-18-2003 90020 013 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P01000121716</b>			
1. Entity Name <b>ROCK SOLID FOUNDATIONS, INC.</b>			
Principal Place of Business 2709 HAWK ROOST COURT HOLIDAY, FL 34691 US		Mailing Address PO BOX 885 ELFERS, FL 34680	
2. Principal Place of Business <b>2623 Grand Blvd</b> Suite, Apt. #, etc. <b>Suite 116</b> City & State <b>Holiday FL</b> Zip <b>34690</b>		3. Mailing Address <b>2623 Grand Blvd</b> Suite, Apt. #, etc. <b>Suite 116</b> City & State <b>Holiday FL</b> Zip <b>34690</b>	
<input type="checkbox"/> CHECK HERE IF MAKING CHANGES			
4. FEI Number <b>01-0577537</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>ADLER, KEVIN</b> <b>3349 ROCK ROYAL DRIVE</b> <b>HOLIDAY, FL 34691</b>		7. Name and Address of New Registered Agent Name <b>Kevin Adler</b> Street Address (P.O. Box Number is Not Acceptable) <b>2623 Grand Blvd</b> <b>Suite 116</b> City <b>Holiday</b> FL Zip Code <b>34690</b>	
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 <b>Ki G. Adler</b> DATE <b>6/11/03</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALLACE, ROBERT PO BOX 885 ELFERS, FL 34680 <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	V PETITTA, CHRISTOPHER W PO BOX 885 ELFERS, FL 34680 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <b>[Signature]</b>		13 Jun 03 727-944-5517 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (10/02)