2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P02000006422

Entity Name: ETOIS SOLUTIONS, INC.

Current Principal Place of Business:

P.O. BOX 6992
TALLAHASSEE, FL 323146992

New Principal Place of Business:

P.O. BOX 6992
TALLAHASSEE, FL 323146992 US

Current Mailing Address:

P.O. BOX 6992
TALLAHASSEE, FL 323146992

New Mailing Address:

P.O. BOX 6992
TALLAHASSEE, FL 323146992 US

FEI Number: 01-0587127 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

THOMAS, GARY E
101 E. UNION STREET
SUITE 100
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete
Name: MOORE, ETOI J
Address: 619 N. MAGNOLIA DRIVE
City-St-Zip: TALLAHASSE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition
Name: MOORE, ETOI J
Address: 619 N. MAGNOLIA DRIVE
City-St-Zip: TALLAHASSE, FL 32308 US

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: ETOI J MOORE DPST 04/30/2004
Electronic Signature of Signing Officer or Director — Date