2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005
Secretary of State

DOCUMENT# P02000012244

Entity Name: PRODUCT RESOURCE SOLUTIONS, INC.

Current Principal Place of Business:

1820 S PINELLAS AVE #116
SUITE 116
TARPON SPRINGS, FL 34689

New Principal Place of Business:

1820 S PINELLAS AVE
SUITE 116
TARPON SPRINGS, FL 34689

Current Mailing Address:

1820 S PINELLAS AVE #116
SUITE 116
TARPON SPRINGS, FL 34689

New Mailing Address:

1820 S PINELLAS AVE
SUITE 116
TARPON SPRINGS, FL 34689

FEI Number: 01-0636969 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TSOLAKAKIS, NICHOLAS D
1820 S PINELLAS AVE #116
SUITE 116
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

TSOLAKAKIS, NICHOLAS D
1820 S PINELLAS AVE
SUITE 116
TARPON SPRINGS, FL 34689 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: 01/11/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEOP ( ) Delete
Name: TSOLAKAKIS, NICHOLAS
Address: 1820 S PINELLAS AVE #116
City-St-Zip: TARPON SPRINGS, FL 34689

Title: V ( ) Delete
Name: TSOLAKAKIS, ANDRIA B
Address: 1820 S PINELLAS AVE #116
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: TSOLAKAKIS, ANDRIA B
Address: 1820 S PINELLAS AVE #116
City-St-Zip: TARPON SPRINGS, FL 34689

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: NICHOLAS D. TSOLAKAKIS CEOP 01/11/2005
Electronic Signature of Signing Officer or Director — Date