


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000028203 1. Entity Name PROSOLUTIONS INTERNATIONAL, INC.	
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Principal Place of Business 1010 SYMPHONY ISLES BLVD APOLLO BEACH, FL 33572-2700	Mailing Address 1010 SYMPHONY ISLES BLVD APOLLO BEACH, FL 33572-2700
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05192005 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3624339	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ALAN S CHRISTNER JR PA 350 GULF BLVD INDIAN ROCKS BEACH, FL 33785
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DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DUVAT, CAMILLE 9302 WELLINGTON PARK CIRCLE TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KRISTENSEN, M 1010 SYMPHONY ISLES BLVD APOLLO BEACH, FL 33572
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WASIELEWSKI, MICHAEL 1010 SYMPHONY ISLES BLVD APOLLO BEACH, FL 33572
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>UN00000368006 05/23/05-80009-019 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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 667, 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: M.C. U. CHRISTNER JR 19 MAY 05 8136417266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #