

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000063053

Entity Name: BBAN SOLUTIONS, INC.

FILED  
Jan 26, 2005  
Secretary of State

## Current Principal Place of Business:

1630 ACME STREET  
ORLANDO, FL 32805

## New Principal Place of Business:

## Current Mailing Address:

1630 ACME STREET  
ORLANDO, FL 32805

## New Mailing Address:

FEI Number: 03-0456274

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROITMAN, HAVIV  
918 PARK LAKE CIRCLE  
MAITLAND, FL 32751 US

## Name and Address of New Registered Agent:

HART, NOEL  
290 PATHWAY CT  
SANFORD, FL 32773 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: HART NOEL

01/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ROITMAN, HAVIV  
Address: 918 PARK LAKE CIRCLE  
City-St-Zip: ORLANDO, FL 32805

Title: VP ( ) Delete  
Name: HART, NOEL  
Address: 290 PATHWAY CT  
City-St-Zip: SANFORD, FL 32773

Title: CO (X) Delete  
Name: RAITMAN, BORIS  
Address: 5450 WILSON RD  
City-St-Zip: SANFORD, FL 32746

Title: T (X) Delete  
Name: SAHNDERS, BRIAN  
Address: 5851 MEDINA WAY  
City-St-Zip: ORLANDO, FL 32819

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HART, NOEL  
Address: 290 PATHWAY CT  
City-St-Zip: SANFORD, FL 32773

Title: VP (X) Change ( ) Addition  
Name: SAHNDERS, BRIAN  
Address: 5851 MEDINA WAY  
City-St-Zip: ORLANDO, FL 32819

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

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

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: HART NOEL

P

01/26/2005

Electronic Signature of Signing Officer or Director

Date