2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# P02000075457

Entity Name: TECHNOLOGY INTERGRATION CONSULTATION, INC

Current Principal Place of Business:

491 SW 182 WAY
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

491 S.W. 182ND WAY
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 76-0707088 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALL, EUGENIA
491 SW 187 WAY
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

HALL, EUGENIA
491 SW 182 WAY
PEMBROKE PINES, FL 33029 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: EUGENIA HALL 04/30/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: HALL, EUGENIA
Address: 491 SW 182 WAY
City-St-Zip: PEMBROKE PINES, FL 33029

Title: PD ( ) Delete
Name: GATES, CHRISTOPHER A
Address: 491 SW 182 WAY
City-St-Zip: PEMBROKE PINES, FL 33029

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: HALL, EUGENIA
Address: 491 SW 182 WAY
City-St-Zip: PEMBROKE PINES, FL 33029

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

Title: SEC ( ) Change (X) Addition
Name: HAYWOOD, ENZA S
Address: 491 SW 182 WAY
City-St-Zip: PEMBROKE PINES, FL 33029 43

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: CHRISTOPHER A. GATES PD 04/30/2005
Electronic Signature of Signing Officer or Director Date