2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000077604

FILED Feb 12, 2004 Secretary of State

Entity Name: INTERACTIVE TELEMARKETING SOLUTIONS, CORP.

Current Principal Place of Business:		e of Business:	New Principal Place of Business:	
201 SW 2 MIAMI, FL				
Current Mailing Address:		ess:	New Mailing Address:	
201 SW 2 MIAMI, FL				
FEI Number	: 35-2175257	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
	CARMEN M 89TH AVE.			
,	331/3			
The above		submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
The above	e named entity e of Florida. RE:			ed office or registered agent, or both,
The above in the Stat SIGNATU	e named entity e of Florida. RE: Electro	onic Signature of Registered Ag		ed office or registered agent, or both, Date
The above in the Stat SIGNATU	e named entity e of Florida. RE: Electro			
The above in the State SIGNATU	e named entity e of Florida. RE: Electro	onic Signature of Registered Aging Trust Fund Contribution ().	ent	
The above in the State SIGNATU	e named entity e of Florida. RE:Electro mpaign Financii S AND DIREG	onic Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete MEN M H AVE.	ent	Date
The above in the State SIGNATU Election Ca OFFICER Title: Name: Address:	e named entity e of Florida. RE: Electro mpaign Financi S AND DIREC PD (TANUZ, CARN 5915 SW 89T MIAMI, FL 33	onic Signature of Registered Agring Trust Fund Contribution (). CTORS:) Delete MEN M H AVE. 173) Delete EL A TH ST.	ent ADDITIONS/CHANG Title: Name: Address:	Date BES TO OFFICERS AND DIRECTORS

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: CARMEN M. TANUZ PD 02/12/2004