## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 01, 2005 8:00 am Secretary of State

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DOCUMENT # P02000103722				08-01-2005 90023 026 ***150.00					
Entity Name PLUG & PLAY SOLUTIONS, INC.									
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			900 N						
Principal Place		Mailing Address					= ^		
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242/	Country //C	722121 C	Country / /	$ eg \Box$	5. Certificate	of Status Desired		8.75 Addi	
$OOI_{U}$	6. Name and Address of Current R	edistered Agent	<u></u>	<u> </u>		Address of New	F	ee Required	
	v. Hulle Bild Addices th Collection	ogistereu Agent	Name			2 / /	7//	7/ 1	<del>]]                                   </del>
ARAUJO,			Street Ad	ddraee /	P.O. Box Many be	Ais Not Acceptab			5-1
WESTON,	<del>TON RO</del> AD ` FL 33326	Sueet At	C	ZAC		2/1	> /K	<u>U.                                    </u>	
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	,	•	City	OK	0/1	1015	FL	Z102000	12/1
	named entity submits this statement for	he purpose of changing its regi	istered office or	register	ed agent, or bol	h. in the State of F		amiliar with,	and accept
the obligati	ions of registered agent.	) alone 1	Da	$\sqrt{a}$	1/	7/10	クケ		
SIGNATURE.	- FYILX	1 000 1	· PUC	MA	/	1/1/	$\overline{\mathcal{O}}$		
Signature, typed or griffuld name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
FILE NOW!!! FEE IS \$150.00  9. Election Campaign Financing St. 00 May Be Trust Fund Contribution.  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.									
Di	ue by September 7, 2005	Trust Fund Contribut	tion.	Adde	ed to Fees	corporation did	not receive	tne prior n	otice.
10.	OFFICERS AND D		11.		ADDITIONS/	CHANGES TO OF	FICERS AND		
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CITY-ST-ZIP	and the short the information of the state of	this filling does not gualify for the	CITY-ST-ZIP	tod in Sa	otion 110 07/31	i) Florido Statutos	I further ser	ify that the :-	formation
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 repeiver or trustee empowered of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attack heart with an additional statutes.									
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SIGNAT	TIDE!////////////////////////////////////	// Juan Am	11.10 1	NOC	SMPNt	7/29/	05	443	ADID.
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