FILED
May 14, 2004 8:00 am
Secretary of State
04-28-2004 90264 042 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000007525

1. Entity Name
ITG SOLUTIONS INC

Principal Place of Business	Mailing Address
2731 SW WILLISTON ROAD GAINESVILLE, FL 32608	2173 SW CENTERVILLE AVE FORT WHITE, FL 32038

02122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
2153 SE Hawthorne Rd		2153 SE Hawthorne Rd	
Suite, Apt. #, etc. Suite # 215		Suite, Apt. #, etc. Suite 215	
City & State Gainesville, Fl		City & State Gainesville, Fl	
Zip 32641	Country Alachua	Zip 32641	Country Alachua

4. FEI Number 010763015 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MELISSA, RAULSTON 2173 SW CENTERVILLE AVE FORT WHITE, FL 32038	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Melissa R

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELISSA, RAULSTON 2173 SW CENTERVILLE AVE FORT WHITE, FL 32038	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 607, 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: Melissa R

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #