## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 10, 2005 08:00 AM Secretary of State

	ANNUAL R	REPORT		Sull 10, 2005 00.00 A	
DOCUMENT # P03000013544  1. Entity Name RESPONSIVE SOLUTIONS, INC.				Secretary of State	
100 FIRST I	AVENUE SOUTH	Mailing Address 100 FIRST AVENUE SOUTH SUITE 270 ST. PETERSBURG, FL 33701	11881	1/1 BBLEE 17/1/1 BB1/1	
DO NOT WRITE IN THIS SPACE			06072005	per Applied For	
			43-19: 5. Certificat	e of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					
MILLER, FRANK 100 FIRST AVENUE SOUTH SUITE 270 ST. PETERSBURG, FL 33701			DO NOT WRITE IN THIS SPACE		
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 egistered agent.  SIGNATURE  Signature, typed or printed name of registered agent and this if applicable (NOTE Registered Agent signature required when reinstating)  DATE					
[	LE NOW!!! FEE IS \$150.00 Due by September 7, 2005	Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. JULE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE PSD MILLER, FRANK W 100 FIRST AVENUE SOUTH, SUITE ST. PETERSBURG, FL 33701				
TITLE NAME STREET ADDRESS CITY ST-ZIP	VTD FORD, ED 100 FIRST AVENUE SOUTH, SUITE ST. PETERSBURG, FL 33701	270			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>	: IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		·	
TITLE					

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 shalf 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: \_

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/05

717- 287-1570 Daytine Phone 4