

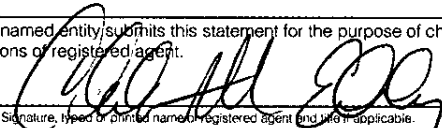
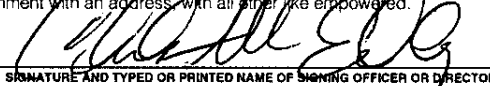


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90056 007 ***150.00

DOCUMENT # P03000018228 1. Entity Name UNIVERSAL SOLUTIONS MARKETING CORP					
Principal Place of Business 6737 ALAN-A-DALE TRAIL TALLAHASSEE, FL 32309				Mailing Address 6737 ALAN-A-DALE TRAIL TALLAHASSEE, FL 32309	
2. Principal Place of Business 2852 REMINGTON GREEN CR Suite, Apt. #, etc. SUITE 203		3. Mailing Address SAME Suite, Apt. #, etc. AS #2			
City & State TALLAHASSEE		City & State TALLAHASSEE		4. FEI Number 020 675305	
Zip 32308 Country USA		Zip 32308 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EDDY, CHARLES M 6737 ALAN-A-DALE TRAIL TALLAHASSEE, FL 32309				7. Name and Address of New Registered Agent Name CHARLES M. EDDY Street Address (P.O. Box Number is Not Acceptable) 2852 REMINGTON GREEN CR, SUITE 203 City TALLAHASSEE FL 32308	
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  DATE MARCH 9, 2004 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete NAME EDDY, CHARLES M STREET ADDRESS 6737 ALAN-A-DALE TRAIL CITY-ST-ZIP TALLAHASSEE, FL 32309				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VP <input type="checkbox"/> Delete NAME KAZMIRSKI, STEVEN B III STREET ADDRESS 1671 VINEYARD WAY CITY-ST-ZIP TALLAHASSEE, FL 32317				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE CEO <input type="checkbox"/> Delete NAME JOHNSON, JEFFREY B STREET ADDRESS 2111 GIBBS DR CITY-ST-ZIP TALLAHASSEE, FL 32303				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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:  Charles M Eddy 3/9/04 850-385-4019 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					