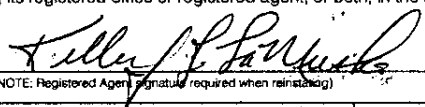
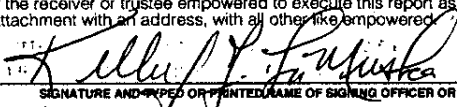


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90319 026 ***150.00

DOCUMENT # P03000021418 1. Entity Name ARKIVE SOLUTIONS INC.																													
Principal Place of Business 7207 DAIQURI LN TAMPA, FL 33634			Mailing Address 7207 DAIQURI LN TAMPA, FL 33634																										
2. Principal Place of Business 7207 Daiquri Ln Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.		94050173 																									
City & State Tampa, FL		City & State FL		4. FEI Number 32-0063088																									
Zip 33634		Country Hillsborough		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent LAMUSKA, KELLEY 7207 DAIQURI LN TAMPA, FL 33634				7. Name and Address of New Registered Agent 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:  DATE: 4/10/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>LAMUSKA, KELLEY</td> <td>☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td>7207 DAIQURI LN</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33634</td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME	LAMUSKA, KELLEY	☐	STREET ADDRESS	7207 DAIQURI LN		CITY-ST-ZIP	TAMPA, FL 33634		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>☐ ☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change Addition	NAME		☐ ☐	STREET ADDRESS			CITY-ST-ZIP		
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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: 				Date: 4/10/04 Daytime Phone #: (813) 787-6786																									