

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000035796

Entity Name: HAZE 4 SOLUTIONS, INC.

FILED
Apr 30, 2004
Secretary of State

Current Principal Place of Business:

7970 SW 24TH PLACE
#204
DAVIE, FL 33324

New Principal Place of Business:

1007 KELLY CREEK CRICLE
OVIEDO, FL 32765

Current Mailing Address:

7970 SW 24TH PLACE
#204
DAVIE, FL 33324

New Mailing Address:

1007 KELLY CREEK CIRCLE
OVIEDO, FL 32765

FEI Number: 06-1685559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYS, SONDA A
7970 24TH PLACE
#204
DAVIE, FL 33324 US

Name and Address of New Registered Agent:

HAYS, SONDR A
1007 KELLY CREEK CIRCLE
OVIEDO, FL 32765 US

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.

SIGNATURE: SONDR A HAYS

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAYS, SONDR A
Address: 7970 SW 24TH PLACE #204
City-St-Zip: DAVIE, FL 33324

Title: VP () Delete
Name: GALE, MATTHEW R
Address: 7970 SW 24TH PLACE #204
City-St-Zip: DAVIE, FL 33324

Title: S () Delete
Name: HAYS, SONDR A
Address: 7970 SW 24TH PLACE #204
City-St-Zip: DAVIE, FL 33324

Title: T () Delete
Name: HAYS, SONDR A
Address: 7970 SW 24TH PLACE #204
City-St-Zip: DAVIE, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HAYS, SONDR A
Address: 1007 KELLY CREEK CIRCLE
City-St-Zip: OVIEDO, FL 327695

Title: VP (X) Change () Addition
Name: SHRIVER, DAWN M
Address: 1007 KELLY CREEK CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: S (X) Change () Addition
Name: HAYS, SONDR A
Address: 1007 KELLY CREEK CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: T (X) Change () Addition
Name: HAYS, SONDR A
Address: 1007 KELLY CREEK CIRCLE
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SONDR A HAYS

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date