

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 29, 2004 8:00 am
Secretary of State**

04-29-2004 90316 031 ***150.00

DOCUMENT # P03000037915

1. Entity Name
SCOMIS SOLUTIONS, INC.



Principal Place of Business
244 SHOPPING AVE.
SUITE 165
SARASOTA, FL 34237

Mailing Address

244 SHOPPING AVE.
SUITE 165
SARASOTA, FL 34237

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

County

04142004 Chg-P CR2E034 (10/03)

4. FEI Number

EIN 54-2104778

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

BUSINESS FILINGS INCORPORATED
660 EAST JEFFERSON STREET
TALLAHASSEE, FL 32301-0000

Name SCOTT Mairose

Street Address (P.O. Box Number is Not Acceptable)

750 N. Tamiami Tr.

Unit 704

City Sarasota

FL Zip Code 34236

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 Scott T. Mairose

Director

4-14-04

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 D
NAME MAIROSE, SCOTT
STREET ADDRESS 244 SHOPPING AVE., SUITE 165
CITY-ST-ZIP SARASOTA, FL 34237

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change Addition

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Change Addition

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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: Scott T. Mairose

Scott T. Mairose

4-14-04

941-266-0863

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR