2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000038134

Entity Name: DECARIV SOLUTIONS INCORPORATED

FILED May 15, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

638 NW LAKEVIEW DR. 3870 NW LAKEVIEW DR. SEBRING, FL 33870 US SEBRING, FL 33870 US

Current Mailing Address: New Mailing Address:

638 NW LAKEVIEW DR. 3870 NW LAKEVIEW DR. SEBRING, FL 33870 US SEBRING, FL 33870 US

FEI Number: 43-2009788 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DECAUSEY, MARCELLA
638 NW LAKEVIEW DR.
SEBRING, FL 33870 US

DECAUSEY, MARCELLA
3870 NW LAKEVIEW DR.
SEBRING, FL 33870 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: 05/15/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition DECAUSEY, MARCELLA D DECAUSEY, MARCELLA D Name: Name: 638 NW LAKEVIEW DR Address: 3870 NW LAKEVIEW DR Address: City-St-Zip: SEBRING, FL 33870 US City-St-Zip: SEBRING, FL 33870 US

Title: DIR () Delete Title: () Change () Addition

 Name:
 RIVERA, BENJAMIN
 Name:

 Address:
 HC-3 BOX 576-7
 Address:

 City-St-Zip:
 OLD TOWN, FL 32680 US
 City-St-Zip:

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: MARCELLA DECAUSEY DIR 05/15/2005