2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# P03000057988

Entity Name: POINT BREAK SOULUTIONS, INC.

Current Principal Place of Business:

13019 LOBLOLLY COURT
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

13170-58 ATLANTIC BLVD.
106
JACKSONVILLE, FL 32225 US

Current Mailing Address:

13019 LOBLOLLY COURT
JACKSONVILLE, FL 32246 US

New Mailing Address:

13170-58 ATLANTIC BLVD.
106
JACKSONVILLE, FL 32225 US

FEI Number: 20-0024514 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERSON, MARK
13019 LOBLOLLY COURT
JACKSONVILLE,, FL 32246 US

Name and Address of New Registered Agent:

ANDERSON, MARK
13170-58 ATLANTIC BLVD.
106
JACKSONVILLE,, FL 32225 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: 04/27/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: ANDERSON, MARK
Address: 13019 LOBLOLLY CT.
City-St-Zip: JACKSONVILLE, FL 32246

Title: DIR ( ) Delete
Name: ANDERSON, CHARLES T
Address: 13019 LOBLOLLY CT.
City-St-Zip: JACKSONVILLE, FL 32246

Title: DIR (X) Delete
Name: ANDERSON, MADOLINE M
Address: 13019 LOBLOLLY COURT
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: ANDERSON, MARK
Address: 13170-58 ATLANTIC BLVD.
City-St-Zip: JACKSONVILLE, FL 32225

Title: DIR (X) Change ( ) Addition
Name: ANDERSON, CHARLES
Address: 13170-58 ATLANTIC BLVD..
City-St-Zip: JACKSONVILLE, FL 32225

Title: ( ) Change ( ) Addition
Name:
Address:
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: CHARLES ANDERSON DIR 04/27/2005
Electronic Signature of Signing Officer or Director Date