## \* 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2005 08:00 AM Secretary of State

DOCUMENT # P03000073218  1. Entity Name RIGHT TECH SOLUTIONS, INC.						Secretary of State					
981 COLLEG	ce of Business GE HILL DRIVE R, FL 33765	g	eiling Address 81 COLLEGE HILL DRIVE LEARWATER, FL 33765								
E	OO NOT	CE		4252005 FEI Numb	No Chg-P		E034 (10/03				
Name and Address of Current Registered Agent						38-368	4448 of Status Desired			Not Applicable dditional	
CLEARWA	KAREN W STREET ATER, FL 33765	DO NOT WRITE IN THIS SPACE									
8. The above the obligat SIGNATURE.	tions of registered age	s this statement for the part.	**************************************	éd Agent signature	required when	refinstating)	th, in the State of F	Torida. I an	n familiar witi	h, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.  10.  OFFICERS AND DIRECTORS					\$5.00 Added to	May Be Fees				3 3	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST STANZANI, ALDO 981 COLLEGE HI CLEARWATER, F	) ILL DRIVE	,		======================================			<del></del>	· · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			e ser question				U0000 04/28/05	103393 -8007 1	94 5-002 1	50.00	
TITLE NAME STREET AODRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·				DO	NOT W	/RIT	E	- <u>-</u> .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		* .			<u>IN</u>	THIS SI	PAC	<b>E</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	· · · · · · · · · · · · · · · · · · ·					<u></u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP										.··	
12. I hereby of indicated of the conchanged,	certify that the informal on this report or supp poration or the receive or on an attachment y	tion supplied with this fil lemental report is true a er or trustee empowered with an address, with all	ng does not qualify for the exe nd accurate and that my signs to execute this report as requ other like empowered.	imption stated ture shall hav ired by Chapt	in Section e the same er 607, Flo	119:07(3)(i e legal effec rida Statute	Florida Statutes, t as if made under s; and that my nam	I further co cath; that i ne appears	ertify that the am an office in Block 10	information er or director or Block 11 if	

4-25-05

727-4584453 Daytime Phone #

Aldo STau Jou \* COO
MANATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR