## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 23, 2004 8:00 am Secretary of State

DOCUMENT # P03000093290  1. Entity Name FUNDING SOLUTIONS INTERNATIONAL, INC.					07-23-2004 90004 010 ***150.00			
2. Principal P	TH STREET POINT, FL 33064 tace of Business	Mailing Address 2164 N.E. 36TH STREET LIGHTHOUSE POINT FL 33064  3. Mailing Address 2-3-3 S-T		% F ,	54064641 %F,/,,,5/.5,F&			
2-3-3 Suite, Apt. 8-0	#, etc.	Suite, Apt. #, etc.		07192004		E034 (10/03)		
City & State	co Katon Fl.	By & State	aton Fl.	4. FEI Numbe		Not	olied For Applicable	
334	3 2 P. B.	33432	Country B		of Status Desired	\$8.75 Addi		
6. Name and Address of Current Registered Agent  Name					Address of New Registers	a Agent		
WOLLMAN, DANID 2164 N.E. 36TH STREET LIGHTHOUSE POINT, FL 33064				Street Address (P.O. Box Number is Not Acceptable) 2333  H 801				
	!		City	ca And	Far F		132	
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  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  Due by September 8, 2004  9. Election Campaign Financing \$5.  Trust Fund Contribution.   Adde					In accordance with s. 6 corporation did not rece	07.193(2)(b), F vive the prior n	S., the otice.	
10.	OFFICERS AND D	· .	11.	ADDITIONS/0	CHANGES TO OFFICERS A	ND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WOLLMAN, DAN D 2164 N.E. 36TH STREET LIGHTHOUSE POINT, FL 33064	☐ Delete	TIFLE NAME STREET ADDRESS CITY-ST-ZIP	233 S. 2054 R	federal	HUNGE RUS TO	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 1 2 2 (6) 24	☐ Delete	TITLE NAME STREET ADDRESS 2 CITY-ST-ZIP			Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 1 1	☐ 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.								