



**FILED**  
**Jun 27, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90180 001 \*\*\*300.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P03000103607</b>					
1. Entity Name COISAS DO MUNDO, INC.					
Principal Place of Business 219 LIME AVE ORLANDO, FL 32805			Mailing Address 219 LIME AVE ORLANDO, FL 32805		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number <b>APPLIED FOR</b>				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HICKS, REGINALD D 219 LIME AVE ORLANDO, FL 32805				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ DATE _____					
Signature typed or printed name of registered agent and City if applicable. (OTF Registered Agent signature required when submitting)					
<b>FILE NOW!!! FEE IS \$180.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNON, WALTER		NAME		
STREET ADDRESS	12576 NW 10 COURT		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33323		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, REGINALD D		NAME		
STREET ADDRESS	405 CAINES STREET		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32805		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 the 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 my knowledge with all other like empowered.					
SIGNATURE: 			4-28-05 407-422-5758 Date Daytime Phone #		

66023801



03292005 Chg-P CR2E034 (10/03)

**Internal Revenue Service**

DEPARTMENT OF THE TREASURY

ATTACHMENT

The  
Digital  
Daily060623801  
#003000103607**Federal Tax ID / EIN**

This is your provisional Employer Identification Number:

**20-3004957**

Today's Date is: June 16, 2005 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.

The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

[Review and Print Form SS-4](#)[Fill Out Another Form SS-4](#)

Click [here](#) to return to the Internet Employer Identification Number landing (start) page.

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66023801  
# P03880103607

<b>Form SS-4</b> (Rev. December 2001) Department of the Treasury Internal Revenue Service		<b>Application for Employer Identification Number</b> (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) <b>▶ See separate instructions for each line. ▶ Keep a copy for your records.</b>		<b>EIN</b> 20-3004957 OMB No. 1545-0003	
1* Legal name of entity (or individual) for whom the EIN is being requested Coisas Do Mundo					
2 Trade name of business (if different from name on line 1) Think E3 Solutions			3 Executor, trustee, "care of" name Walter Cannon		
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 6471 Main Street Apt 207			5a Street address (if different) (Do not enter a P.O. box) 219 Lime Avenue		
4b* City, state, and ZIP code Miami Lakes FL 33014 -			5b City, state, and ZIP code Orlando FL 32805 -		
6* County and state where principal business is located County Miami Dade State FL					
7a* Name of principal officer, general partner, grantor, owner, or trustor Walter Cannon			7b* SSN, ITIN, EIN 386-80-5394		
8a* Type of entity (check only one) <input type="checkbox"/> Sole Proprietor (SSN) 386 : 80 : 5394 <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ P03000103607 <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶			<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> Group Exemption NO. (GEN) ▶ <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises		
8b* If a corporation, name the state or foreign country (if applicable) where incorporated		State FL		Foreign country	
9* Reason for applying (check only one) <input checked="" type="checkbox"/> Started new business (specify type) ▶ Consulting <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶			<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶		
10* Date business started or acquired (month, day, year) MAR 2 2003			11* Closing month of accounting year DEC		
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) .....</i> ▶ DEC 28 2005					
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "0" .....</i> ▶			Agriculture		Household
					Other 3
14* Check box that best describes the principal activity of your business <input type="checkbox"/> Construction <input type="checkbox"/> Real estate <input checked="" type="checkbox"/> Other (specify) Consulting			<input type="checkbox"/> Rental & leasing <input type="checkbox"/> Manufacturing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Wholesale-other		<input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Retail
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. Information Technology Consulting Services					
16a* Has the applicant ever applied for an employer identification number for this or any other business? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Note: If "Yes" please complete lines 16b and 16c</i>					
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶					
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.		Approximate date when filed (month, day, year)		City and state where filed	
				Previous EIN	
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form					
Third Party Designee	Designee's name			Designee's telephone number (include area code)	
	Address and ZIP code			( ) - Designee's fax number (include area code) ( ) -	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.				Applicant's telephone number (include area code)	
Name and title (type or print clearly)					

ATTACHMENT 60023801

# 003 000103607

Signature ▶ Walter Todd Cannon  
▶ **Not Required**

Date ▶ June 16, 2005 GMT

( 786 ) 200 - 1862  
Applicant's fax number (include area code)  
( ) -