


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90053 029 ***150.00

DOCUMENT # P03000134649 1. Entity Name INFINITE GUTTER SOLUTIONS INC.	
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Principal Place of Business 2813 CEDARIDGE DR TAMPA, FL 33618	Mailing Address 2813 CEDARIDGE DR TAMPA, FL 33618
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20012472

2. Principal Place of Business 12502 NOREAST LAKE DRIVE	3. Mailing Address 12502 NOREAST LAKE DRIVE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State TAMPA, FL	City & State TAMPA, FL
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Zip 33612	Country	Zip 33612	Country
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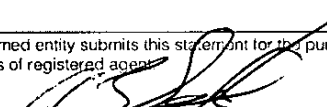


02082005 Chg-P CR2E034 (10/03)

4. FEI Number 41-2116851	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DAVENPORT, JAMES E 2813 CEDARIDGE DR TAMPA, FL 33618	7. Name and Address of New Registered Agent Name SMITH, ANTHONY L Street Address (P.O. Box Number is Not Acceptable) 12502 NOREAST LAKE DRIVE City TAMPA FL Zip Code 33612
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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 	ANTHONY L SMITH FEBRUARY 8, 2005 DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DAVENPORT, JAMES E 2813 CEDARIDGE DR TAMPA, FL 33618 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P SMITH, ANTHONY L 12502 NOREAST LAKE DRIVE TAMPA, FL 33612 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SMITH, ANTHONY L 12502 NOREAST LAKE DR TAMPA, FL 33612 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JAMES LILLIE 4949 MARBRISA DR APT 1305 TAMPA, FL 33624 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC CAYLER, MICHAEL R 4255 W.HUMPHREY ST. APT #322- TAMPA, FL 33614 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.	
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SIGNATURE: 	ANTHONY L SMITH FEBRUARY 8, 2005	813-817-8669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #