

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000158060

FILED  
Feb 01, 2006  
Secretary of State

Entity Name: SOLUTIONZ GROUP INTERNATIONAL, INC.

## Current Principal Place of Business:

6115 GALLEON WAY  
TAMPA, FL 33615

## New Principal Place of Business:

630 BROOKER CREEK BLVD  
SUITE 310  
OLDSMAR, FL 34677

## Current Mailing Address:

6115 GALLEON WAY  
TAMPA, FL 33615

## New Mailing Address:

630 BROOKER CREEK BLVD  
SUITE 310  
OLDSMAR, FL 34677

FEI Number: 58-2285226

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MUSCA, DANIEL G  
100 S ASHLEY DR  
SUITE 1900  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FITZGERALD, CHICKE  
Address: 6115 GALLEON WAY  
City-St-Zip: TAMPA, FL 33615

Title: D ( ) Delete  
Name: FITZGERALD, MICHAEL  
Address: 6115 GALLEON WAY  
City-St-Zip: TAMPA, FL 33615

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: FITZGERALD, CHICKE  
Address: 630 BROOKER CREEK BLVD SUITE 310  
City-St-Zip: OLDSMAR, FL 34677

Title: D (X) Change ( ) Addition  
Name: FITZGERALD, MICHAEL  
Address: 630 BROOKER CREEK BLVD SUITE 310  
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MICHAEL FITZGERALD

D

02/01/2006

Electronic Signature of Signing Officer or Director

Date