


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90125 044 ***150.00

DOCUMENT # P04000006732

1. Entity Name
STRATEGIC PROFIT SOLUTIONS, INC.



Principal Place of Business 720 S. SAPODILLA AVE STE. PH12 WEST PALM BEACH, FL 33401 US	Mailing Address 720 S. SAPODILLA AVE STE. PH12 WEST PALM BEACH, FL 33401 US
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2. Principal Place of Business 123 Yacht Club Way Suite, Apt. #, etc. 206	3. Mailing Address 123 Yacht Club Way Suite, Apt. #, etc. 206
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City & State Hypoluxo, FL	City & State Hypoluxo, FL
Zip 33462	Zip 33462
Country USA	Country USA



04022005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0577281	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DOW, JULIEANN B
 720 S. SAPODILLA AVE
 STE. PH12
 WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

Name **Julieann B. Dow**
 Street Address (P.O. Box Number is Not Acceptable)
123 Yacht Club Way #206
 City **Hypoluxo** FL Zip Code **33462**

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 *Julieann B. Dow* *Julieann B. Dow, President* DATE *4/2/05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS DOW, JULIEANN B 720 S. SAPODILLA AVE, STE. PH12 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Julieann B. Dow 123 Yacht Club Way #206 Hypoluxo, FL 33462 <input checked="" 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
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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.

SIGNATURE: *Julieann B. Dow* *Julieann B. Dow* DATE *4/2/05* DAYTIME PHONE # *561-317-8878*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR