## 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P04000018517

FILED Apr 06, 2005 Secretary of State

Entity Name: BUSINESS FINANCIAL SOLUTIONS, INC. **Current Principal Place of Business: New Principal Place of Business:** 5501 W. WATERS AVE. SUITE 401 TAMPA, FL 33634 **New Mailing Address: Current Mailing Address:** 5501 W. WATERS AVE. SUITE 401 TAMPA, FL 33634 FEI Number: 20-0466566 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MORGAN, WAYNE 5501 W. WATERS AVE., SUITE 401 TAMPA, FL 33634 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition MORGAN, WAYNE MORGAN, WAYNE Name: Name: 17102 HEART OF PALMS DR 17102 HEART OF PALMS DR Address: Address: TAMPA, FL 33647 City-St-Zip: City-St-Zip: TAMPA, FL 33647 Title: () Delete Title: VSD (X) Change ( ) Addition Name: KISER, LAURA Name: KISER LAURA 1308 PINE RIDGE CIRCLE EAST #B-3 12028 CITRUS FALLS CIRCLE APT. 203 Address: Address: TAMPA, FL 33625 City-St-Zip:

Address: 1308 PINE RIDGE CIRCLE EAST #B-3
City-St-Zip: TARPON SPRINGS, FL 33647

Title: D () Delete
Name: MORGAN, WAYNE
Address: 17102 HEART OF PALMS DR
City-St-Zip: TAMPA, FL 33647

Title: D (X) Delete

Name: KISER, LAURA
Address: 1308 PINE RIDGE CIRCLE EAST #B-3
City-St-Zip: TARPON SPRINGS, FL 33647

Title: ( ) Change ( ) Addition Name:

MURRAY, MICHAEL

TAMPA, FL 33634

(X) Change ( ) Addition

12029 TUSCANY BAY DR. APT. 202

I hereby certify that the information supplied with this filing does not qualify for the 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 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

Title:

Name:

Address:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: WAYNE MORGAN PD 04/06/2005

above, or on an attachment with an address, with all other like empowered.