2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000071803

FILED Jul 19, 2005 Secretary of State

Entity Name: ENTELLECTUAL SOLUTIONS PROPERTIES GROUP, INC.

Current Principal Place of Business: New Principal Place of Business: 7029 PELICAN ISLAND DR. TAMPA, FL 336347422 **Current Mailing Address: New Mailing Address:** 7029 PELICAN ISLAND DR. TAMPA, FL 336347422 FEI Number: 01-0813087 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MORGAN, ROBERT W BROES, CHARLES 2654 COUNTRYCLUB DR. 7029 PÉLICAN ISLAND DR. CLEARWATER, FL 336347422 US 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: CHARLES BROES 07/19/2005 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition BROES, CHARLES BROES, CHARLES Name: Name: 7029 PELICAN ISLAND DR. 7029 PELICAN ISLAND DR. Address: Address: City-St-Zip: TAMPA, FL 336347422 City-St-Zip: TAMPA, FL 336347422 Title: () Delete Title: COB () Change (X) Addition Name: Name: BROES, CHARLES CHUCK 7029 PELICAN ISLAND DR. Address: Address: TAMPA, FL 33634 City-St-Zip: City-St-Zip: Title: () Change (X) Addition Title: () Delete SEC BROES, CHARLES Name: Name: 7029 PELICAN ISLAND DR Address Address: City-St-Zip: City-St-Zip: TAMPA, FL 33634 Title: () Delete Title: **TRES** () Change (X) Addition BROES, CHARLES Name: Name: Address: Address: 7029 PELICAN ISLAND DR. City-St-Zip: City-St-Zip: TAMPA, FL 33634

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

SIGNATURE: CHARLES BROES MR. 07/19/2005