

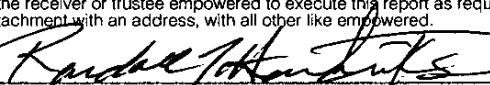


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90048 034 \*\*\*158.75

<b>DOCUMENT # P04000096360</b> 1. Entity Name <b>VETERAN COMPUTER SOLUTIONS, INC.</b>					
Principal Place of Business <b>33-4TH ST N SUITE 210 ST PETERSBURG, FL 33701</b>			Mailing Address <b>33-4TH ST N SUITE 210 ST PETERSBURG, FL 33701</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>13-4283209</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HENDRICKSON, RANDALL J 33-4TH ST N SUITE 210 ST PETERSBURG, FL 33701</b>			7. Name and Address of New Registered Agent Name <b>HENDRICKSON, RANDALL J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>33 4th St N Ste 210</b> City <b>ST PETERSBURG FL</b> Zip Code <b>33701</b>		
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  <b>RANDALL J. HENDRICKSON, P/O, 3-22-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>HENDRICKSON, RANDALL J 4859 COQUINA KEY DR ST PETERSBURG, FL 33705</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/O</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4768 Coquina Key Dr SE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>FOWLER, LARRY R 11 CENTRAL AVE ST PETERSBURG, FL 33701</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/S/T/O</b> <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	
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. <b>727-822-6226</b> SIGNATURE:  <b>RANDALL J. HENDRICKSON 3/22/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					