

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000098176

Entity Name: EVP SOLUTIONS INC.

FILED
Apr 19, 2005
Secretary of State

Current Principal Place of Business:

6103 JOHNS RD., STE. #2
TAMPA, FL 33634

New Principal Place of Business:

6103 JOHNS RD.,
STE # 2
TAMPA, FL 33634

Current Mailing Address:

6103 JOHNS RD., STE. #2
TAMPA, FL 33634

New Mailing Address:

6103 JOHNS RD.,
STE#2
TAMPA, FL 33634

FEI Number: 86-1121659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BACCARELLA, DOMINIC J ESQ.
4144 N. ARMENIA AVE., STE. #2
TAMPA, FL 33607 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS () Change (X) Addition
Name: GERALDS, WARREN L PS
Address: 6103 JOHNS RD STE 2
City-St-Zip: TAMPA, FL 33634

Title: VP () Change (X) Addition
Name: GERALDS, CAROLYN P VP
Address: 6103 JOHNS RD STE2
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: WARREN L GERALDS

PS

04/19/2005

Electronic Signature of Signing Officer or Director

Date