## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000114485

City-St-Zip: LARGO, FL 33778

Entity Name: CONVERGED SOLUTIONS, INC

FILED Sep 06, 2006 Secretary of State

| Entity Na   | me: CONVER                                       | RGED SOLUTIONS, INC.  |   |  |  |
|---|--|---|---|--|--|
| Current P   | rincipal Plac                                    | e of Business:  | New Principal Place o                       | New Principal Place of Business:             |  |
| 2602 21ST<br>TAMPA, F   |  |   |   |  |  |
| Current Mailing Address:  |  |   | New Mailing Address                         | New Mailing Address:                         |  |
| 13423 121<br>LARGO, F   | ST STREET<br>L 33778                             |   |   |  |  |
| FEI Number  | : 77-0644228                                     | 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: |  |   |   |  |  |
| LARGO, F  | ST STREET L 33778 U named entity                 |   | ourpose of changing its registered          | office or registered agent, or both,         |  |
|   | e of Florida.                                    |   |   |  |  |
|   | Electro  | nic Signature of Registered Ago<br>33(2)(b), F.S., the corporation did no |   | Date   |  |
| OFFICERS AND DIRECTORS:   |  |   | ADDITIONS/CHANGE                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | P (<br>HAYNES, STE<br>13423 121ST<br>LARGO, FL 3 | STREET  | Title:<br>Name:<br>Address:<br>City-St-Zip: | ()Change ()Addition                          |  |
| Title:<br>Name:<br>Address:   | V (<br>HAYNES, DAV<br>13423 121ST                |   | Title:<br>Name:<br>Address                  | ( ) Change ( ) Addition                      |  |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: STEPHANIE HAYNES P 09/06/2006