2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000126487

Entity Name: 4 SOLUTIONS, INC.

FILED Jul 28, 2005 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

601 S FAULKENBERG ROAD SUITE 14-3 601 S FALKENBURG ROAD TAMPA, FL 33619

14-3

TAMPA, FL 33619

Current Mailing Address: New Mailing Address:

601 S FAULKENBERG ROAD SUITE 14-3 601 S FALKENBURG ROAD TAMPA, FL 33619

14-3 TAMPA, FL 33619

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

OLIVERI, JOSE A LARCOM, SUSAN

601 S FÁULKENBERG ROAD SUITE 14-3 601 S FALKENBURG ROAD TAMPA, FL 33619

TAMPA, FL 33619 US

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: SUSAN LARCOM 07/28/2005

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:

Title:

(X) Change () Addition () Delete Title:

QUIROZ, MARIO OLIVERI, JOSE A Name: Name: 406 APODIE LANE 759 STAR POINTE DR Address: Address: City-St-Zip: SEFFNER, FL 33584 City-St-Zip: SEFFNER, FL 33584

Title: (X) Delete Title: () Change () Addition

Name: OLIVERI, JOSE A Name: 759 START POINT DR Address: Address: SEFFNER, FL 33584 City-St-Zip: City-St-Zip:

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 Statutés. 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: JOSE OLIVERI 07/28/2005 D