2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000169500

Entity Name: SLCOVERNMENT SOLLITIONS INC.

FILED Apr 06, 2005 Secretary of State

Entity Name: 31 GOVERNIVENT 3010 HONS, INC.		
Current Principal Place of Business:	New Principal Place o	f Business:
4450 EAU GALLIE BOULEVARD, SUITE 240 MELBOURNE, FL 32934		
Current Mailing Address:	New Mailing Address:	
4450 EAU GALLIE BOULEVARD, SUITE 240 MELBOURNE, FL 32934		
FEI Number: 20-2028570 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:		New Registered Agent:
KANCILLIA, JOHN R 1800 WEST HIBISCUS BOULEVARD, SUITE 138 MELBOURNE, FL 32901 US		
The above named entity submits this statement for the puin the State of Florida.	urpose of changing its registered	office or registered agent, or both,
SIGNATURE:		
Electronic Signature of Registered Age	nt	Date
Election Campaign Financing Trust Fund Contribution ().		

OFFICERS AND DIRECTORS:

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition BURNS, GORDONS BURNS, GORDON PRES. Name: Name: 4450 EAU GALLIE BOULEVARD, SUITE 240 Address: 4450 EAU GALLIE BOULEVARD, SUITE 240 Address: City-St-Zip: MELBOURNE, FL 32934 City-St-Zip: MELBOURNE, FL 32934 Title: () Delete Title: (X) Change () Addition GILLETTE, TERRY B Name: Name: GILLETTE, TERRY B V.P. Address: 4450 EAU GALLIE BOULEVARD, SUITE 240 Address: 4450 EAU GALLIE BOULEVARD, SUITE 240 MELBOURNE, FL 32934 City-St-Zip: MELBOURNE, FL 32934 City-St-Zip: Title: Title: (X) Change $\ (\)$ Addition () Delete Name: RAY, HELAYNE Name: RAY, HELAYNE SEC/TRE 4450 EAU GALLIE BOULEVARD, SUITE 240 Address: 4450 EAU GALLIE BOULEVARD, SUITE 240 Address: City-St-Zip: MELBOURNE, FL 32934 City-St-Zip: MELBOURNE, FL 32934

Title:

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: GORDON M. BURNS **PRES** 04/06/2005