2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000169500

Address:

City-St-Zip:

Entity Name: SI GOVERNMENT SOLUTIONS, INC

FILED Feb 21, 2006 Secretary of State

		Translati Gold Horse, inc.				
Current Principal Place of Business:				New Principal Place of Business:		
4450 EAU GALLIE BOULEVARD, SUITE 240 MELBOURNE, FL 32934				4450 EAU GALLIE BOULEVARD SUITE 240 MELBOURNE, FL 32934		
Current Mailing Address:				New Mailing Address:		
4450 EAU GALLIE BOULEVARD, SUITE 240 MELBOURNE, FL 32934				4450 EAU GALLIE BOULEVARD SUITE 240 MELBOURNE, FL 32934		
FEI Number:	20-2028570	FEI Number Applied For ()	FEI Number	r Not Applicable()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
KANCILLIA, JOHN R 1800 WEST HIBISCUS BOULEVARD, SUITE 138 MELBOURNE, FL 32901 US				KANCILLIA, JOHN R 1800 WEST HIBISCUS BOULEVARD SUITE 138 MELBOURNE, FL 32901 US		
	named entity of Florida.	submits this statement for the p	urpose of ch	nanging its registered o	office or registered agent, or both,	
SIGNATURE:				02/21/2006		
	Electro	nic Signature of Registered Age	ent		Date	
Election Can	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	BURNS, GORE	LIE BOULEVARD, SUITE 240	Add	le: (me: dress: y-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	GILLETTE, TE 4450 EAU GAL	LIE BOULEVARD, SUITE 240	Add	le: (me: dress: y-St-Zip:) Change ()Addition	
Title: Name:	D (RAY. HELAYNI) Delete E SEC/TRE	Titl Na	le: (me:) Change ()Addition	

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.

Address:

City-St-Zip:

SIGNATURE: HELAYNE RAY D 02/21/2006

4450 EAU GALLIE BOULEVARD, SUITE 240

MELBOURNE, FL 32934