



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90137 025 ***150.00

DOCUMENT # P04000170501 1. Entity Name FINANCIAL INSIGHTS AND SOLUTIONS, INC.					
Principal Place of Business 625 NORTH FLAGLER DR., STE. 508 WEST PALM BEACH, FL 33401			Mailing Address 625 NORTH FLAGLER DR., STE. 508 WEST PALM BEACH, FL 33401		
2. Principal Place of Business P.O. BOX 488 Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 488 Suite, Apt. #, etc.		50065127 	
City & State PALM BEACH, FL Zip 33480 Country		City & State PALM BEACH Zip 33480 Country		4. FEI Number 38-3713121	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DOORAKIAN, DANIEL ESQ. 625 NORTH FLAGLER DR., 9TH FLOOR WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUGGERI, DENNIS 625 NORTH FLAGLER DR., STE. 508 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address. With all other like empowered.					
SIGNATURE: <u><i>Don G. Ruggeri</i></u> July 4, 2005 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					