2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000075429

Entity Name: DECISIONPEO IV, INC.

FILED Jan 04, 2005 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:			
25 SECONI #200 SAINT PET	D ST N ERSBURG, F	FL 33701	US					
Current Mailing Address:					New Mailing Address:			
25 SECONI #200 SAINT PET	D ST N ERSBURG, F	L 33701	US					
FEI Number:			r Applied For ()	FEI Numbe	r Not Applic	cable ()	Certificate	of Status Desired ()
Name and	Address of C	Current Red	istered Agent:	Na	ame and	Address of	New Reais	tered Agent:
VAN SON, PETER 25 2ND STREET N SUITE 200 ST. PETERSBURG, FL 33701 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:								
	Electron	nic Signature	of Registered Ager	nt			D	ate
Election Cam	paign Financing	g Trust Fund	Contribution ().					
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR								
Title: Name: Address: City-St-Zip:	CD () VAN SON, PETE 4661 LAUREL C ST. PETERSBU	OAK LANE, N.I		Ad	le: me: dress: :y-St-Zip:	() Change()	Addition
Title: Name: Address: City-St-Zip:	D () BURNS, STEVE P O BOX 730 ST PETERSBU			Ade	le: me: dress: y-St-Zip:	CFO (X NEWMAN, PE 25 SECOND S ST. PETERSB	TREET N., SI	JITE 200
Title: Name: Address: City-St-Zip:	D (X) HIRSCH, KEVIN 700 MONTERE' SAINT PETERS	Y BLVD NE	704	Ad	le: me: dress: ·y-St-Zip:	() Change()	Addition
Title: Name: Address: City-St-Zip:	D (X) TYLER, DEAN 310 COFFEE P SAINT PETERS			Ad	le: me: dress: y-St-Zip:	() Change()	Addition
Title: Name: Address: City-St-Zip:	D (X) HOGAN, GERAI 501 BRIGHTWA ST. PETERSBU	ATERS BLVD	4	Ade	le: me: dress: y-St-Zip:	() Change()	Addition
Title: Name: Address: City-St-Zip:	DSP () MILLS, WILLIAN 886 RAFAEL BL ST. PETERSBU	LVD., N.E.	4	Ad	le: me: dress: ·y-St-Zip:	() Change()	Addition

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 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: PETER B NEWMAN

CFO

01/04/2005