
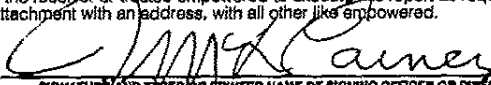


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000001804		
1. Entity Name PRIMESOURCE MANAGEMENT SOLUTIONS, INC.		
Principal Place of Business 5440 BEAUMONT CENTER BLVD., STE. 445 TAMPA, FL 33634		Mailing Address 5440 BEAUMONT CTR BLVD SUITE 445 TAMPA, FL 33634
DO NOT WRITE IN THIS SPACE		
		03112004 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-3427347
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
BRYE, SHEREE R 5440 BEAUMONT CENTER BLVD, STE 445 TAMPA, FL 33634		DO NOT WRITE IN THIS SPACE
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 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	DUGAN, M. KEVIN	
STREET ADDRESS	11611 USEPPA COURT	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	D	
NAME	CARNEY, JOSEPH	
STREET ADDRESS	11 EAST AIRY STREET	
CITY-ST-ZIP	NORRISTOWN, PA 19404	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
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: 		4/14/04 Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #