

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000010490

Entity Name: A 2 Z SOLUTIONS, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

5982 LAS COLINAS CIRCLE
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

PO BOX 740756
BOYNTON BCH, FL 33474756 US

New Mailing Address:

FEI Number: 65-0733853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCALZO, CONSTANCE M
5169 ARBOR GLEN CIRCLE
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTDC () Delete
Name: GARROWAY, LAWRENCE C
Address: 5982 LAS COLINAS
City-St-Zip: LAKE WORTH, FL 33463

Title: S () Delete
Name: HOFFMAN GARROWAY, JOANNE
Address: 5982 LS COLINAS
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: HOFFMAN GARROWAY, JOANNE
Address: 5982 LAS COLINAS
City-St-Zip: LAKE WORTH, FL 33463

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: LAWRENCE C. GARROWAY

PRES

04/29/2005

Electronic Signature of Signing Officer or Director

Date