

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000030182

Entity Name: DAVRON SOLUTIONS, INC.

FILED
Apr 14, 2005
Secretary of State

Current Principal Place of Business:

3750 GUNN HWY
SUITE 2-E
TAMPA, FL 33624 US

Current Mailing Address:

3750 GUNN HWY
SUITE 2-E
TAMPA, FL 33624 US

FEI Number: 65-0742080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COREEN, DAVID
3750 GUNN HWY
SUITE 2-E
TAMPA, FL 33624 US

New Principal Place of Business:

3750 GUNN HWY
SUITE 3D
TAMPA, FL 33618 US

New Mailing Address:

3750 GUNN HWY
SUITE 3D
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

COREEN, DAVID
3750 GUNN HWY
SUITE 3D
TAMPA, FL 33618 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: DAVID COREEN

04/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: COREEN, RHONDA
Address: 3750 GUNN HWY
City-St-Zip: TAMPA, FL 33624

Title: MD () Delete
Name: COREEN, DAVID
Address: 3750 GUNN HWY
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change () Addition
Name: COREEN, RHONDA
Address: 3750 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: MD (X) Change () Addition
Name: COREEN, DAVID
Address: 3750 GUNN HWY
City-St-Zip: TAMPA, FL 33618

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: DAVID COREEN

MD

04/14/2005

Electronic Signature of Signing Officer or Director

Date