2005 FOR PROFIT-CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

1. Entity Nam	MENT # P980000029 solutions inc.	012		Secretary of Sta	ate
Principal Place 5151 W. RIO TAMPA, FL		Mailing Address 5151 W. RIO VISTA AVE TAMPA, FL 33634			
	O NOT WRITE 6. Name and Address of Current Re		CE	03012005 No Chg-P CR2E034 (10/03) 4. FE: Number	
	S, WALTER RSS AVE			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 Signature, typed or printed name of registered agent and life if applicable (NOTE Registered Agent Ag					
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution Added				.00 May Be led to Fees	
10.	OFFICERS AND D	RECTORS - 1		44.	20170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YALDOR, SAMUEL 6918 AQUEDUCT TERRACE ODESSA, FL 33556			· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YALDOR, MARTINE 6918 AQUEDUCT TERRACE ODESSA, FL 33556	· · · · · · · · · · · · · · · · · · ·		U00000324760 04/22/05-80104-017 150).00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY ST-ZIP					**************************************
TITLE NAME STREET ADDRESS CITY-ST-ZIP					-
12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(). 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. CL 7 6 S 8(3 - 880 - 0800)					
SIGNATURE: SIGNATURE NAME OF SIGNING OFFICER OR DIRECTOR: Dails Daylore Phone *					