


FILED
May 18, 2005 8:00 am
Secretary of State

04-20-2005 90326 024 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT


DOCUMENT # P98000003475
 1. Entity Name
SECOND STREET SOLUTIONS, INC.



Principal Place of Business 1800 SECOND ST STE 810 SARASOTA, FL 34236	Mailing Address 1800 SECOND ST STE 810 SARASOTA, FL 34236
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DO NOT WRITE IN THIS SPACE

66017663



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0828218	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

~~KING, CLIFFORD M
2033 MAIN ST STE 303
SARASOTA, FL 34237~~

*Thomas V Pellegrino, Jr
President
1800 Second St, # 810
Sarasota, FL 34236*

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]* DATE _____

Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renaming)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE VP	NAME HONICK, KENNARD R	STREET ADDRESS 1800 SECOND ST #810	CITY - ST - ZIP SARASOTA, FL 34236
TITLE P	NAME PELLEGRINO, THOMAS V JR.	STREET ADDRESS 1800 SECOND ST #810	CITY - ST - ZIP SARASOTA, FL 34236
TITLE NAME	STREET ADDRESS	CITY - ST - ZIP	
TITLE NAME	STREET ADDRESS	CITY - ST - ZIP	
TITLE NAME	STREET ADDRESS	CITY - ST - ZIP	
TITLE NAME	STREET ADDRESS	CITY - ST - ZIP	

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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 officers empowered.

SIGNATURE *[Signature]* DATE *5/16/05* DAYTIME PHONE # *941-365-1172*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR