2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000031533

1. Entity Name
NATIONAL SOLUTIONS MANAGEMENT, INC.

44015243

Principal Place of Business	Mailing Address
28 ST. JAMES DRIVE PALM BEACH GARDENS, FL 33418	28 ST. JAMES DRIVE PALM BEACH GARDENS, FL 33418

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	01092004 Chg-P CR2E034 (10/03)
City & State	City & State	**4.** FEI Number 65-0824833 / Applied For / Not Applicable
Zip / Country	Zip / Country	**5.** Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
SPRINKLE, PHILIP M II, ESQ 28 ST. JAMES DRIVE PALM BEACH GARDENS, FL 33418	Name _Margaret Dillon_ Street Address (P.O. Box number is Not Acceptable) _28 St · James Dr_ City _P B G_ FL Zip Code _33418_

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 _Margaret Dillon_   DATE _3-1-04_
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS		**11.**	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DILLON, MARGARET P.O. BOX 32741 PALM BEACH GARDENS, FL 33420	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: _Margaret Dillon_   Date _03-01-04_   Daytime Phone # _5616946698_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR