

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000041882

Entity Name: PMI TECHNICAL SOLUTIONS, INC.

FILED
Apr 13, 2004
Secretary of State

Current Principal Place of Business:

7667 N WICKHAM ROAD
909
MELBOURNE, FL 32940

Current Mailing Address:

7667 N WICKHAM ROAD
909
MELBOURNE, FL 32940

New Principal Place of Business:

401 MAPLE BLUFF CIRCLE
909
MELBOURNE, FL 32940

New Mailing Address:

401 MAPLE BLUFF CIRCLE
909
MELBOURNE, FL 32940

FEI Number: 54-1815185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANKINS, PETER C
7667 N WICKHAM ROAD
909
MELBOURNE, FL 32940

Name and Address of New Registered Agent:

HANKINS, PETER C
401 MAPLE BLUFF CIRCLE
909
MELBOURNE, FL 32940

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:

04/13/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HANKINS, PETER C
Address: 7667 N WICKHAM ROAD #909
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HANKINS, PETER C
Address: 401 MAPLE BLUFF CIRCLE
City-St-Zip: MELBOURNE, FL 32940

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: PETER C. HANKINS

PRES

04/13/2004

Electronic Signature of Signing Officer or Director

Date