2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005
Secretary of State

DOCUMENT# P98000043042

Entity Name: EXHEDRA SOLUTIONS, INC.

Current Principal Place of Business:

14310 N. DALE MABRY HWY
SUITE 280
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

14310 N. DALE MABRY HWY
SUITE 280
TAMPA, FL 33618

New Mailing Address:

FEI Number: 59-3510883 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSE, BRENDA
405 CENTRAL AVE STE 200
ST PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	IPPOLITO, IAN	
Address:	1209 LA BRAD LANE	
City-St-Zip:	TAMPA, FL 33613	
Title:	T	( ) Delete
Name:	EDGINGTON, JUDI	
Address:	1840 MILL RUN CIRCLE	
City-St-Zip:	TAMPA, FL 33613	
Title:	SRVP	( ) Delete
Name:	IPPOLITO, DAWN	
Address:	220 VISCOUNT AVE	
City-St-Zip:	MERRITT ISLAND, FL 32953	
Title:	VP	( ) Delete
Name:	IPPOLITO, KIM	
Address:	720 THORNWICK DRIVE	
City-St-Zip:	PITTSBURGH, PA 15243	
Title:	VP	( ) Delete
Name:	IPPOLITO, COREY	
Address:	1000 SOUTH ROAD APT. 3	
City-St-Zip:	BELMONT, CA 94002	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	IPPOLITO, COREY	
Address:	10205 PARKWOOD DRIVE #4	
City-St-Zip:	CUPERTINO, CA 95014	

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: JUDI EDGINGTON T 01/06/2005

Electronic Signature of Signing Officer or Director — Date