

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-18-2005 90306 014 ***150.00

DOCUMENT # P98000068259 1. Entity Name ARDENT TECHNOLOGY SOLUTIONS, INC.					
Principal Place of Business 1212 COURT ST. SUITE C-2 CLEARWATER, FL 33756			Mailing Address 1212 COURT ST. SUITE C-2 CLEARWATER, FL 33756		
2. Principal Place of Business 13970 LYNNMAR BLVD Suite, Apt. #, etc.		3. Mailing Address 5645 WASHINGTON Suite, Apt. #, etc.			
City & State TAMPA FLA		City & State NAPLES FL		4. FEI Number 65-0856100	
Zip 33626		Country FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 60540		Country DUPAGE		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KABZA, KERRY 8475 SOUTHWIND BAY CIRCLE FORT MYERS, FL 33908				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State FL Zip Code	
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 <u>KERRY KABZA CEO</u> DATE <u>4/15/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	CEO KABZA, KERRY 8475 SOUTH EINDI BAY CIRCLE FORT MYERS, FL 33908	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8475 SOUTHWIND BAY CIRCLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8475 SOUTHWIND BAY CIRCLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8475 SOUTHWIND BAY CIRCLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8475 SOUTHWIND BAY CIRCLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8475 SOUTHWIND BAY CIRCLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>KERRY KABZA CEO</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4/15/05</u> Daytime Phone # <u>630-357-1899</u>	