

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000084485

FILED  
Apr 14, 2005  
Secretary of State

Entity Name: FRONTIER SOLUTIONS, INC.

## Current Principal Place of Business:

10150 BELLE RIVE BLVD., #2108  
JACKSONVILLE, FL 33256

## New Principal Place of Business:

7882 BLACKSTONE RIVER DR E  
JACKSONVILLE, FL 33256

## Current Mailing Address:

10150 BELLE RIVE BLVD., #2108  
JACKSONVILLE, FL 33256

## New Mailing Address:

7882 BLACKSTONE RIVER DR E  
JACKSONVILLE, FL 33256

FEI Number: 65-0867828

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SRIKAKOLAPU, VAMSEE  
10150 BELLE RIVE BLVD., #2108  
JACKSONVILLE, FL 33256 US

## Name and Address of New Registered Agent:

SRIKAKOLAPU, VAMSEE  
7882 BLACKSTONE RIVER DR E  
JACKSONVILLE, FL 33256 US

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:

04/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SRIKAKOLAPU, VAMSEE  
Address: 10150 BELLE RING BLVD, #2108  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete  
Name: SRIKAKOLAPU, RADHIKA  
Address: 10150 BELLE RING BLVD, #2108  
City-St-Zip: JACKSONVILLE, FL 32256

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SRIKAKOLAPU, VAMSEE  
Address: 7882 BLACKSTONE RIVER DR E  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D (X) Change ( ) Addition  
Name: SRIKAKOLAPU, RADHIKA  
Address: 7882 BLACKSTONE RIVER DR E  
City-St-Zip: JACKSONVILLE, FL 32256

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: VAMSEE SRIKAKOLAPU

D

04/14/2005

Electronic Signature of Signing Officer or Director

Date