

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90050 001 ***150.00
01-26-2004 90050 002 *****8.75

DOCUMENT # P99000002952 1. Entity Name ELECTRONIC SOLUTIONS, INC.			
Principal Place of Business 806 WOODROW WILSON ST #3 PLANT CITY, FL 33563		Mailing Address 806 WOODROW WILSON ST #3 PLANT CITY, FL 33563	
2. Principal Place of Business 2711 AIRPORT RD Suite, Apt. #, etc. # 2		3. Mailing Address P.O. Box 188 Suite, Apt. #, etc.	
City & State PLANT CITY FL Zip 33566 Country		City & State SYDNEY, FL Zip 33587 Country	
4. FEI Number 59-3564274		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMBROS, ROBERT 2814 BARRET AVE. PLANT CITY, FL 33566		7. Name and Address of New Registered Agent Name ROBERT AMBROS Street Address (P.O. Box Number is Not Acceptable) 2812 BARRET AVE City PLANT CITY FL Zip Code 33566	
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>Robert Ambros</u> DATE <u>1-14-2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PTS AMBROS, ROBERT 2812 BARRET PLANT CITY, FL 33566	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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>Robert Ambros</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1-14-2004</u> Daytime Phone # <u>813-207-0425</u>	