


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90033 035 ***150.00

DOCUMENT # P99000012424	
1. Entity Name TECHNOLOGY MANAGEMENT SOLUTIONS, INC.	

Principal Place of Business 801 N MAGNOLIA AVENUE SUITE 304 ORLANDO, FL 32803	Mailing Address 801 N MAGNOLIA AVENUE SUITE 304 ORLANDO, FL 32803
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40010416



2. Principal Place of Business <i>2000 Alden Rd</i>	3. Mailing Address <i>2000 Alden Rd</i>
Suite, Apt. #, etc. <i>Building A</i>	Suite, Apt. #, etc. <i>Building A</i>
City & State <i>Orlando, Florida</i>	City & State <i>Orlando, Florida</i>
Zip <i>32803</i>	Country <i>USA</i>

01122005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3555119		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent STEPHENS, ROBERT W 801 N MAGNOLIA AVENUE SUITE 304 ORLANDO, FL 32803		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>2000 Alden Rd, Bldg A</i> City <i>Orlando</i> FL Zip Code <i>32803</i>		

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERTON, SCOTT D 801 N MAGNOLIA AVENUE STE 304 ORLANDO, FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>2000 Alden Rd., Bldg A Orlando, FL 32803</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *[Signature]* **1/12/05** **407-987-7377**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #