


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000088597 1. Entity Name SOLUTIONS INSIGHT, INC.	
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Principal Place of Business 5374 DEEPWOODS COURT SANFORD, FL 32771	Mailing Address 5374 DEEPWOODS COURT SANFORD, FL 32771
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04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3606514	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BALLARD, LISA A 5374 DEEPWOODS COURT SANFORD, FL 32771
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

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	0000000127748 04.26/04-80010-006 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BALLARD, LISA A 5374 DEEPWOODS COURT SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BALLARD, BRANT L 5374 DEEPWOODS CT. SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BALLARD, LISA A 5374 DEEPWOOD CT. SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BALLARD, LISA A 5374 DEEPWOOD CT. SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Lisa A. Ballard 4/20/04 4074021360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Lisa A. Ballard - President