2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000088597

Entity Name: SOLUTIONS INSIGHT, INC.

FILED Sep 07, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5374 DEEPWOODS COURT 5224 W. SR 46

SANFORD, FL 32771 #311

SANFORD, FL 32771

Current Mailing Address: New Mailing Address:

5374 DEEPWOODS COURT 5224 W. SR 46

SANFORD, FL 32771 #311

SANFORD, FL 32771

FEI Number: 59-3606514 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BALLARD, LISA A
5374 DEEPWOODS COURT

BALLARD, LISA A
5224 W. SR 46

SANFORD, FL 32771 US #311 SANFORD, FL 32771 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: 09/07/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition
Name: BALLARD, LISA A Name: BALLARD, LISA A

 Address:
 5374 DEEPWOODS COURT
 Address:
 5224 W. SR 46, #311

 City-St-Zip:
 SANFORD, FL 32771
 City-St-Zip:
 SANFORD, FL 32771

 Name:
 BALLARD, BRANT L
 Name:
 BALLARD, BRANT L

 Address:
 5374 DEEPWOODS CT.
 Address:
 5224 W. SR 46, #311

 City-St-Zip:
 SANFORD, FL 32771
 City-St-Zip:
 SANFORD, FL 32771

Title: T () Delete Title: T (X) Change () Addition

 Name:
 BALLARD, LISA A
 Name:
 BALLARD, LISA A

 Address:
 5374 DEEPWOOD CT.
 Address:
 5224 W. SR 46, #311

 City-St-Zip:
 SANFORD, FL 32771
 City-St-Zip:
 SANFORD, FL 32771

Title: S () Delete Title: S (X) Change () Addition

 Name:
 BALLARD, LISA A
 Name:
 BALLARD, LISA A

 Address:
 5374 DEEPWOOD CT.
 Address:
 5224 W. SR 46, #311

 City-St-Zip:
 SANFORD, FL 32771
 City-St-Zip:
 SANFORD, FL 32771

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: LISA A. BALLARD MS. 09/07/2005