


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90581 026 \*\*\*150.00

<b>DOCUMENT # P99000088813</b>	
1. Entity Name <b>SHIPPING SOLUTIONS INTERNATIONAL, INC.</b>	

Principal Place of Business <b>5170 LAGUNA VISTA DRIVE MELBOURNE, FL 32934</b>	Mailing Address <b>5170 LAGUNA VISTA DRIVE MELBOURNE, FL 32934</b>
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2. Principal Place of Business <b>2136 Royal Dr</b> Suite, Apt. #, etc.	3. Mailing Address <b>2136 Royal Dr</b> Suite, Apt. #, etc.
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City & State <b>West Melbourne FL</b>	City & State <b>West Melbourne FL</b>
Zip <b>32904</b>	Country <b>USA</b>



04022005 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3617862</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>DANDREA, KEVIN 5170 LAGUNA VISTA DRIVE MELBOURNE, FL 32934</b>		7. Name and Address of New Registered Agent Name <b>Kevin Dandrea</b> Street Address (P.O. Box Number is Not Acceptable) <b>2136 Royal Dr.</b> City <b>West Melbourne FL</b> Zip Code <b>32904</b>	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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. ☐ **\$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	PD DANDREA, KEVIN 5170 LAGUNA VISTA DRIVE MELBOURNE, FL 32934 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2136 Royal Dr. West Melbourne, FL 32904</b>
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
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
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
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
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:** Kevin Dandrea **Kevin Dandrea**

4/2/05 866-754-1735  
Date Daytime Phone #