


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # V26403  
 1. Entity Name  
 SOLUTIONS SOFTWARE CORPORATION



Principal Place of Business      Mailing Address  
 1825 TUTTLE HILL RD.      1825 TUTTLE HILL RD.  
 ENTERPRISE, FL 32725      ENTERPRISE, FL 32725

**DO NOT WRITE IN THIS SPACE**



03082005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 59-3117984      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 WEMHOFF, URSULA  
 1825 TURTLE HILL RD  
 ENTERPRISE, FL 32725

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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 reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WEMHOFF, URSULA 1825 TURTLE HILL RD ENTERPRISE, FL 32725
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 03/16/05-80017-024 150.00

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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)(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: *Ursula Wemhoff*      3-13-05      407-323-8065  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #