


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 19, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000105087  
 1. Entity Name  
 COMMSOLVE CORPORATION



Principal Place of Business      Mailing Address  
 684 GLENMORE BLVD.      684 GLENMORE BLVD.  
 GLENDALE, CA 91206      GLENDALE, CA 91206

**DO NOT WRITE IN THIS SPACE**



07142005    No Chg-P    CR2E034 (10/03)

4. FCI Number 95-4841446	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  
 GIBSON, ROBERT BRUCE JR  
 16141 SW 87TH CT  
 MIAMI, FL 33157

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature should be printed name of registered agent if not the filer.      DATE: Registered Agent signature required for changing

**FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	MR GIBSON, JAMES W 684 GLENMORE BLVD. GLENDALE, CA 91206
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 07/19/05-20001-004 150.00

**DO NOT WRITE 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)(c), 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 in an address, with a other like empowered

SIGNATURE:       7/14/05      818241-6406  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR