


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90985 035 ***150.00

DOCUMENT # F02000003935			
1. Entity Name MACHINE SOLUTION PROVIDERS, INC.			
Principal Place of Business 800 ENTERPRISE COURT NAPERVILLE IL 60563		Mailing Address 800 ENTERPRISE COURT NAPERVILLE IL 60563	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 04-3697972		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BENUSKA, AL 705 LIVE OAK STREET, STE. B TARPON SPRINGS FL 34689		Name: <u>Benuska, AL</u> Street Address (P.O. Box Number is Not Acceptable): <u>2887 Gray Oak Blvd.</u> City: <u>Tarpon Springs</u> FL Zip Code: <u>34688</u>	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of 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 _____

<p>FILE NOW!!! - FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P <input type="checkbox"/> Delete	NAME: NOVAK, BILL	TITLE: P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <u>Novak, Bill</u>
STREET ADDRESS: 8445 WEST 162ND STREET	CITY-ST-ZIP: TINLEY PARK IL 60477	STREET ADDRESS: <u>24105 Hampshire Lane</u>	CITY-ST-ZIP: <u>Plainfield, Illinois 60544</u>
TITLE: S <input type="checkbox"/> Delete	NAME: BENUSKA, AL	TITLE: S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <u>Benuska, AL</u>
STREET ADDRESS: 705 LIVE OAK STREET, STE. B	CITY-ST-ZIP: TARPON SPRINGS FL 34689	STREET ADDRESS: <u>2887 Gray Oak Blvd.</u>	CITY-ST-ZIP: <u>Tarpon Springs, FL. 34688</u>
TITLE: T <input type="checkbox"/> Delete	NAME: O'BRIEN, MICHAEL	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: 302 N. SPRINGS BLVD.	CITY-ST-ZIP: TARPON SPRINGS FL 34689	STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete	NAME: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete	NAME: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete	NAME: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____

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: William A. Novak William A. Novak 4-16-04 7082597713
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #