

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001940

FILED  
Feb 05, 2011  
Secretary of State

**Entity Name:** PRAXIS FINANCIAL SOLUTIONS, INCORPORATED

**Current Principal Place of Business:**

7331 N LINCOLN  
SUITE 8  
LINCOLNWOOD, IL 60712

**New Principal Place of Business:**

**Current Mailing Address:**

7331 N LINCOLN  
SUITE 8  
LINCOLNWOOD, IL 60712

**New Mailing Address:**

**FEI Number:** 20-5592402      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: DEKELAITA, ASHOR  
Address: 8700 WAUKEGAN ROAD #104  
City-St-Zip: MORTON GROVE, IL 60053

Title: V  
Name: IHANA, GEORGE  
Address: 8700 WAUKEGAN ROAD #104  
City-St-Zip: MORTON GROVE, IL 60053

Title: VS  
Name: DEKELAITA, NINOS  
Address: 8700 WAUKEGAN ROAD #104  
City-St-Zip: MORTON GROVE, IL 60053

Title: T  
Name: AWDISH, BASHAR  
Address: 8700 WAUKEGAN ROAD #104  
City-St-Zip: MORTON GROVE, IL 60053

I hereby 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 all other like empowered.

SIGNATURE: MIKE AWDISH

VP

02/05/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date