2008 FOR PROFIT CORPORATION ANNUAL REPORT THE STA

FILED Jan 14, 2008 08:00 Al Secretary of State

1. Entity Nam	MENT # P0400002311	3			·		
Principal Place of Business Mailing Address 10174 N. HILLARD AVE GLEN ST MARY, FL 32040 Mailing Address 10174 N. HILLARD AVE GLEN ST MARY, FL 32040							
	O NOT WRITE II 6. Name and Address of Current Regis	81-0641708 Solution Soluti					
15951 PIP		DO NOT WRITE IN THIS SPACE					
the obligat SIGNATURE_	named entity submits this statement for the ions of registered agent. Signature, typed or printed name of registered agent and title E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	d Agent signature required		ИООГ	DATE		
10. IITLE NAME STREET ADDRESS CITY-S1-2IP TITLE	OFFICERS AND DIRE P FOSTER, MORRIS L 10215 NORTH GLEN AVE GLEN SAINT MARY, FL 32040	CTORS	-				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				DO	NOT W	DITE	; * * ; · ·
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				:			
STREET ADDRESS CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR

904653 1136