

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000012082

FILED
Apr 27, 2009
Secretary of State

Entity Name: SOLUTIONS - A COMBINED CENTER FOR THERAPY AND LEARNING, INC.

Current Principal Place of Business:

1483 S.W. BOUGAINVILLEA AVENUE
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

1483 S.W. BOUGAINVILLEA AVENUE
PORT ST. LUCIE, FL 34953

New Mailing Address:

FEI Number: 20-4168485

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLIINGTON ACCOUNTING AND TAX
8461 LAKE WORTH ROAD
LAKE WORTH, FL 33467 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCCANDLESS, JANELLE B
Address: 962 S.W. HAMBERLAND
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: S () Delete
Name: WILD, JENNIFER
Address: 8651 S.W. CRUDEN BAY COURT
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JENNIFER WILD

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04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date