

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000012082

**FILED**  
**Apr 23, 2010**  
**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  
Name: MCCANDLESS, JANELLE B  
Address: 962 S.W. HAMBERLAND  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: S  
Name: WILD, JENNIFER  
Address: 10702 SW ELSINORE DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34987

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: JENNIFER WILD

P

04/23/2010

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

\_\_\_\_\_ Date