

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000055286

FILED  
Apr 25, 2011  
Secretary of State

**Entity Name:** ACROPOLIS SOLUTIONS INC.

**Current Principal Place of Business:**

529 WORCHSTER COURT  
LAKELAND, FL 33809 US

**New Principal Place of Business:**

**Current Mailing Address:**

529 WORCHSTER COURT  
LAKELAND, FL 33809 US

**New Mailing Address:**

**FEI Number:** 11-3842506

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UNITED STATES CORPORATION AGENTS, INC.  
320 S. FLAMINGO ROAD  
347  
PEMBROKE PINES, FL 33027 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: P. D  
Name: THOMAS, LEE E  
Address: 529 WORCHSTER COURT  
City-St-Zip: LAKELAND, FL 33809 US

Title: T  
Name: THOMAS, LEE E  
Address: 529 WORCHSTER COURT  
City-St-Zip: LAKELAND, FL 33809 US

Title: S  
Name: THOMAS, SELENIA  
Address: 529 WORCHSTER COURT  
City-St-Zip: LAKELAND, FL 33809 US

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: LEE E THOMAS

MR.

04/25/2011

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

\_\_\_\_\_  
Date