

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000155469

FILED
Mar 23, 2006
Secretary of State**Entity Name:** LEGAL SOLUTIONS SERVICES INC.**Current Principal Place of Business:**6017 PINE RIDGE ROAD
166
NAPLES, FL 34119**New Principal Place of Business:**820 SW 8 COURT
MIAMI, FL 33130**Current Mailing Address:**6017 PINE RIDGE ROAD
166
NAPLES, FL 34119**New Mailing Address:**820 SW 8 COURT
MIAMI, FL 33130**FEI Number:****FEI Number Applied For (X)****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LOPEZ, LAZARO R
6017 PINE RIDGE ROAD
166
NAPLES, FL 34119 US**Name and Address of New Registered Agent:**LEONARD, CATHERINE N
320 S FLAMINGO RD #297
PEMBROKE PINES, FL 33027 US

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: CATHERINE N LEONARD

03/23/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOPEZ, LAZARO R
Address: 6017 PINE RIDGE ROAD, SUITE 166
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEONARD, CATHERINE N
Address: 320 S FLAMINGO RD #297
City-St-Zip: PEMBROKE PINES, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the 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: CATHERINE N LEONARD

P

03/23/2006

Electronic Signature of Signing Officer or Director

Date