

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000060348

Entity Name: TOPSOLUTIONS INC.

FILED
Apr 17, 2006
Secretary of State

Current Principal Place of Business:

1329 MARJORIE LANE
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

1329 MARJORIE LANE
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 75-3117992

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEMERSON, GABRIELLA
1329 MARJORIE LANE
NORTH PORT, FL 34287 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: ROBERTS, MATTHEW
Address: 1329 MARJORIE LANE
City-St-Zip: NORTH PORT, FL 34287

Title: V[() Delete
Name: NEMERSON, GABRIELLA
Address: 1329 MARJORIE LANE
City-St-Zip: NORTH PORT, FL 34287

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 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: GABRIELLA NEMERSON

P

04/17/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date