2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

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SIGNATURE:

Tose 11. Deserving of Signing Officer or Director

Secretary of State **DOCUMENT #737927** 07-16-2007 90126 003 ****61.25 SOLVE OF PASCO COUNTY, FLORIDA, INC. Mailing Address Principal Place of Business 6102 INDIANA AVE 6102 INDIANA AVE NEW PORT RICHEY, FL 34653 NEW PORT RICHEY, FL 34653 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 07052007 Chg-NP CR2E037 (12/06) Applied For City & State 4. FEI Number 01-0667149 City & State Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name O'CONNOR, RITA M Street Address (P.O. Box Number is Not Acceptable) 7301 JASMINE BLVD PORT RICHEY, FL 34668 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE . (NOTE: Registered Agent signature required when renstating) DATE Signature, typed or printed name of registered agent and title 4 applicable 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due by September 14, 2007 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Addition MCLAUGHLIN, BARBARA NAME MAME STREET ADDRESS 6108 HIDDEN TRAILS COURT STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34655 CITY-ST-ZIP MARGARET GAZEL 174 change TITLE Delete TITLE TO ☐ Addition TERRY LP DUSTEN, MARIE NAME 4449 PORT RICHEY 3806 SABLEWOOD DR. STREET ADDRESS STREET ADDRESS NEW FL. CITY-ST-ZIP HOLIDAY, FL 34691 CITY-ST-ZIP 34652 Delete ☐ Change ☐ Addition TITLE TITLE BROWN, ROSE NAME NAME 7214 PINEWOOD DR STREET ADDRESS STREET ADDRESS NEW PORT RICHEY, FL 34652 CITY-ST-ZIP CITY-ST-7IP IIILE Delete TITLE ☐ Change ☐ Addition MAY, FDNA NAME NAME 2655 NEBRASKA, APT, 361 STREET ADDRESS STREET ADORESS PALM HARBOR, FL 34684 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F Change ☐ Addition O'CONNOR, RITA M. NAME NAME 7301 JASMINE BLVD. STREET ADDRESS STREET ADDRESS PORT RICHEY, FL 34668 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

7-12-07

727-848-0203

FILED

Jul 16, 2007 8:00 am