


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F00000005711</b> 1. Entity Name <b>THE MOBILE SOLUTION CORPORATION</b>	
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Principal Place of Business <b>1600 HOTEL CIRCLE, STE 500 SAN DIEGO, CA 92108</b>	Mailing Address <b>1600 HOTEL CIRCLE, STE 500 SAN DIEGO, CA 92108</b>
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**DO NOT WRITE IN THIS SPACE**



03202007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>33-0849381</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD MCEVOY, JOHN 1660 HOTEL CIRCLE N STE 500 SAN DIEGO, CA 92108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUNTER, BRAD 1660 HOTEL CIRCLE N STE 500 SAN DIEGO, CA 92108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEHAAN, KEVIN 1660 HOTEL CIRCLE N STE 500 SAN DIEGO, CA 92108
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04/02/07-80019-008 150.00

12. I hereby 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 607, 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.

**SIGNATURE:**  **SCOTT SPENCE** **03-21-07** **619-297-1288**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #