2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F00000005711

1. Entity Name
THE MOBILE SOLUTION CORPORATION

Principal Place of Business
1600 HOTEL CIRCLE, STE 500
SAN DIEGO, CA 92108

Mailing Address
1600 HOTEL CIRCLE, STE 500
SAN DIEGO, CA 92108

03202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-0849381 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	MCEVOY, JOHN
STREET ADDRESS	1660 HOTEL CIRCLE N STE 500
CITY-ST-ZIP	SAN DIEGO, CA 92108
TITLE	S
NAME	HUNTER, BRAD
STREET ADDRESS	1660 HOTEL CIRCLE N STE 500
CITY-ST-ZIP	SAN DIEGO, CA 92108
TITLE	T
NAME	DEHAAN, KEVIN
STREET ADDRESS	1660 HOTEL CIRCLE N STE 500
CITY-ST-ZIP	SAN DIEGO, CA 92108
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/02/07-80019-008 150.00

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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 #