

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006262

Entity Name: MHM SOLUTIONS, INC.

FILED
May 04, 2007
Secretary of State

Current Principal Place of Business:

1593 SPRING HILL RD. STE 610
VIENNA, VA 22182

New Principal Place of Business:

Current Mailing Address:

1593 SPRING HILL RD. STE 610
VIENNA, VA 22182

New Mailing Address:

FEI Number: 60-0002002

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: PINKERT, MICHAEL
Address: 1593 SPRING HILL RD. STE 610
City-St-Zip: VIENNA, VA 22182

Title: DP () Delete
Name: WHEELER, STEVEN
Address: 1593 SPRING HILL RD. STE 610
City-St-Zip: VIENNA, VA 22182

Title: D () Delete
Name: FERRETTI, WILLIAM
Address: 1593 SPRING HILL RD. STE 610
City-St-Zip: VIENNA, VA 22182

Title: D () Delete
Name: SANDLER, MICHAEL
Address: 1593 SPRING HILL RD. STE 610
City-St-Zip: VIENNA, VA 22182

Title: D () Delete
Name: ROTKO, MICHAEL
Address: 1593 SPRING HILL RD. STE 610
City-St-Zip: VIENNA, VA 22182

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: PATRICK MCGRATH

POA

05/04/2007

Electronic Signature of Signing Officer or Director

Date