

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005185

Entity Name: TRANQUILITY SOLUTIONS, INC.

FILED  
May 19, 2008  
Secretary of State

## Current Principal Place of Business:

901 DULANEY VALLEY RD  
800  
TOWSON, MD 21204

## New Principal Place of Business:

## Current Mailing Address:

901 DULANEY VALLEY RD  
800  
TOWSON, MD 21204

## New Mailing Address:

FEI Number: 20-3466560

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATIONS SRVS COM.  
1201 HAYES ST  
TALLAHASSEE, FL 32301 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: P C ( ) Delete  
Name: MARSHALL, JAMES N  
Address: 901 DULANEY VALLEY RD 800  
City-St-Zip: TOWSON, MD 21204

Title: S ( ) Delete  
Name: LOCKWOOD, CYNTHIA L  
Address: 901 DULANEY VALLEY ROAD  
City-St-Zip: TOWSON, MD 21204

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T ( ) Change (X) Addition  
Name: FRAGER, TODD  
Address: 901 DULANEY VALLEY ROAD - SUITE 800  
City-St-Zip: TOWSON, MD 21204

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: CYNTHIA LOCKWOOD

SEC

05/19/2008

Electronic Signature of Signing Officer or Director

Date