# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 14, 2008**
**Secretary of State**

DOCUMENT# F05000006210

**Entity Name:** ACCRETIVE SOLUTIONS-JACKSONVILLE, INC.

**Current Principal Place of Business:**

9310 OLD KINGS ROAD SOUTH, BLDG. 201
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

888 VETERANS MEMORIAL DRIVE, SUITE 440
HAUPPAUGE, NY 11788

**New Mailing Address:**

**FEI Number: 20-3599091** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PCD ( ) Delete
Name: PERSONS, PATRICK S
Address: 888 VETERANS MEMORIAL HIGHWAY, SUITE 440
City-St-Zip: HAUPPAUGE, NY 11788

Title: VSD ( ) Delete
Name: REINECKE, MIKE G
Address: 31 LAKE MIST DRIVE
City-St-Zip: SUGAR LAND, TX 77479

Title: TD (X) Delete
Name: DROPPS, ANA M
Address: 888 VETERANS MEMORIAL HIGHWAY, SUITE 440
City-St-Zip: HAUPPAUGE, NY 11788

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VSTD (X) Change ( ) Addition
Name: REINECKE, MIKE G
Address: 31 LAKE MIST DRIVE
City-St-Zip: SUGAR LAND, TX 77479

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: MIKE G. REINECKE VP 01/14/2008

Electronic Signature of Signing Officer or Director — Date