2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001530

City-St-Zip:

ORLANDO, FL 32812

Entity Name: THE SOLUTION DESIGN GROUP, INC

FILED Jun 12, 2007 Secretary of State

		to how beginning the or , into	•		
Current Principal Place of Business:			New Principal	New Principal Place of Business:	
4763 SOUTH CONWAY ROAD, STE. F ORLANDO, FL 32812				3185 SOUTH CONWAY ROAD, SUITE D ORLANDO, FL 32812	
Current M	lailing Addre	ss:	New Mailing A	New Mailing Address:	
4763 SOUTH CONWAY ROAD, STE. F ORLANDO, FL 32812			3185 SOUTH CO ORLANDO, FL	3185 SOUTH CONWAY ROAD, SUITE D ORLANDO, FL 32812	
FEI Number:	20-3996631	FEI Number Applied For ()	FEI Number Not Applicable	() Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Add	Name and Address of New Registered Agent:	
	TH CONWAY	ROAD, STE. F US	3185 SOÚTH C	PORTER, GLEN 3185 SOUTH CONWAY ROAD, SUITE D ORLANDO, FL 32812 US	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its reg	istered office or registered agent, or both,	
SIGNATUR	RE:			06/12/2007	
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	npaign Financin	3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	·		
OFFICERS AND DIRECTORS:			ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CP (STRANGE, STI 7147 NORWIC WARRENTON,	Н СТ	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VCST (PORTER, GLE P.O. BOX 786 ASTOR, FL 32		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	V (PEACOCK, ST 4131 TERIWO		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: GLEN PORTER VCST 06/12/2007