2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004045

Entity Name: MASTERPIECE SOLUTIONS, INC.

FILED Apr 26, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3405 W. DR. MARTIN LUTHER KING JR. BLVD. 9801 SUNRISE LAKES BLVD BLG 151

SUITE 101 SUITE 208 TAMPA, FL 33607 SUNRISE.

SUNRISE, FL 33322

Current Mailing Address: New Mailing Address:

3405 W. DR. MARTIN LUTHER KING JR. BLVD. P.O.BOX 339

SUITE 101 TENNENT, NJ 07763 TAMPA, FL 33607

FEI Number: 20-4539675 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MARCUS, CLARK A ATTY KATZMAN, JERRY MD

3405 W. DR. MARTIN LUTHER KING JR. BLVD. 9801 SUNRISE LAKES BLVD BLG 151

SUITE 101 SUITE 208
TAMPA, FL 33607 US SUNRISE, FL 33322 US

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: JERRY KATZMAN M.D. 04/26/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CCEO

Name: MARCUS, CLARK A ATTY

Address: 3405 W DR.MARTIN LUTHER KING BLVD STE101

City-St-Zip: TAMPA, FL 33607

Title: PRES

Name: KATZMAN, JERRY MD

Address: 9801 SUNRISE LAKES BLVD, BLDG 151, #208

City-St-Zip: SUNRISE, FL 33322

Title: ST

Name: KATZMAN, JERRY MD

Address: 9801 SUNRISE LAKES BLVD, BLDG 151, #208

City-St-Zip: SUNRISE, FL 33322

I hereby 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 all other like empowered.

SIGNATURE: JERRY KATZMAN M.D. PRES 04/26/2011