2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# F06000005855

Entity Name: STATISTICAL BUSINESS SOLUTIONS, INC.

Current Principal Place of Business:

1015 N. SEMORAN BLVD.
105-465
CASSELBERRY, FL 32707

New Principal Place of Business:

1375 S.R. 436
CASSELBERRY, FL 32707

Current Mailing Address:

1015 N. SEMORAN BLVD.
105-465
CASSELBERRY, FL 32707

New Mailing Address:

1375 S.R. 436
CASSELBERRY, FL 32707

FEI Number: 20-5518126 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARNES, STEPHEN W
1015 N. SEMORAN BLVD.
105-465
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

CARNES, STEPHEN W
1375 S.R. 436
CASSELBERRY, FL 32707 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: _____ 04/24/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CDPS ( ) Delete
Name: CARNES, STEPHEN W
Address: 450 WINDING CREEK PL
City-St-Zip: LONGWOOD, FL 32779

Title: T ( ) Delete
Name: CARNES, STEPHEN W
Address: 450 WINDING CREEK PL
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CDPS (X) Change ( ) Addition
Name: CARNES, MARSHA
Address: 1375 SR 436
City-St-Zip: CASSELBERRY, FL 32707

Title: T (X) Change ( ) Addition
Name: CARNES, MARSHA
Address: 1375 SR 436
City-St-Zip: CASSELBERRY, FL 32707

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: MARSHA CARNES CDPS 04/24/2009
Electronic Signature of Signing Officer or Director — Date