2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005141

Entity Name: PARIO SOLUTIONS, INC.

FILED May 12, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 18956 N. DALE MARBY STE 102 LUTZ, FL 33548 **Current Mailing Address: New Mailing Address:** 18956 N. DALE MARBY STE 102 LUTZ, FL 33548 FEI Number: 22-3425156 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: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition EASON, DAVID Name: Name: 21316 LAKES VIENNA DR Address: Address: City-St-Zip: LAND O LAKES, FL 34638 City-St-Zip: Title: Title: () Delete () Change () Addition Name: LEACH, TOM Name: 6 BROOK TERRACE Address: Address: WAYNE, NJ 07470 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition DOMINACH, RICHARD Name: Name: 12 FNGLISH LANE Address: Address: City-St-Zip: LINCROFT, NJ 08824 City-St-Zip: Title: () Delete Title: () Change () Addition FORBES, KAREN Name: Name: Address: 15747 CEDAR ELM TERR Address: City-St-Zip: LAND O LAKES, FL 34638 City-St-Zip: Title: Title: () Delete () Change () Addition Name: BURRELL, SUSAN Name: 21316 LAKE VIENNA DRIVE Address: Address:

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: KAREN FORBES S 05/12/2009

City-St-Zip:

LAND O LAKES, FL 34638