

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003217

FILED  
Jan 13, 2010  
Secretary of State

Entity Name: METANOIA SOLUTIONS INC.

**Current Principal Place of Business:**

529 N. WALDEN DR.  
PALATINE, IL 60067

**New Principal Place of Business:**

**Current Mailing Address:**

529 N. WALDEN DR.  
PALATINE, IL 60067

**New Mailing Address:**

FEI Number: 73-1686582

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PACIFIC REGISTERED AGENTS, INC.  
5647 110TH AVE. NORTH  
ROYAL PALM BEACH, FL 33411 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: CHRM  
Name: PASUNURI, HARSHA  
Address: 13593 BIG BOULDER RD.  
City-St-Zip: HERNDON, VA 20171

Title: P  
Name: PASUNURI, HARSHA  
Address: 13593 BIG BOULDER RD.  
City-St-Zip: HERNDON, VA 20171

Title: STD  
Name: AGARWAL, SWAPNA  
Address: 529 N. WALDEN DR  
City-St-Zip: PALATINE, IL 60067

Title: VCHR  
Name: AGARWAL, SWAPNA  
Address: 529 N. WALDEN DR.  
City-St-Zip: PALATINE, IL 60067

Title: V  
Name: AGARWAL, SWAPNA  
Address: 529 N. WALDEN DR.  
City-St-Zip: PALATINE, IL 60067

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: SWAPNA AGARWAL

V

01/13/2010

Electronic Signature of Signing Officer or Director

Date