2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004872

Entity Name: BLUE HORSESHOE SOLUTIONS, INC.

FILED Jan 27, 2012 Secretary of State

	Current Principal Place of Business:	New Principal Place of Business
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11590 N. MERIDIAN 11590 N. MERIDIAN ST

SUITE 520 SUITE 520

CARMEL, IN 46032 CARMEL, IN 46032

Current Mailing Address: New Mailing Address:

11590 N. MERIDIAN ST. 11590 N. MERIDIAN ST SUITE 520 SUITE 520

CARMEL, IN 46032 SOIT E 320 CARMEL, IN 46032

FEI Number: 35-2151923 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:

KATRANIS, COLLEEN 17369 SHIRLEY AVENUE

PORT CHARLOTTE, FL 33948 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

OFFICERS AND DIRECTORS:

Title:

Name: CASON, CHRIS
Address: 3587 WINWARD WAY
City-St-Zip: CARMEL, IN 46032

Title: \

Name: BEYERBACH, JENNIFER
Address: 11320 GRANDSTONE LANE
City-St-Zip: CINCINNATI, OH 45249

Title: V

Name: CASON, BRIAN

Address: 658 STOCKBRIDGE DRIVE City-St-Zip: WESTFIELD, IN 46074

Title: \

Name: EDGE, CHAD

Address: 6182 GROVE WALK CT. City-St-Zip: NOBLESVILLE, IN 46060

Title: \

Name: PAUL, KEVIN
Address: 2300 GLEBE STREET
City-St-Zip: CARMEL, IN 46032

Title: V

Name: FOSTER, JOHN
Address: 531 MERRIMAC DRIVE
City-St-Zip: WESTFIELD, IN 46074

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: CHRIS CASON PRES 01/27/2012