

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001764

FILED
Mar 18, 2008
Secretary of State

Entity Name: PREGNANCY SOLUTIONS, INC.

Current Principal Place of Business:

1680 SOUTH TAMIAMI TRAIL, UNIT B
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

1680 SOUTH TAMIAMI TRAIL, UNIT B
VENICE, FL 34293

New Mailing Address:

FEI Number: 65-1085310

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TITUS, JAMES H
1680 SOUTH TAMIAMI TRAIL, UNIT B
VENICE, FL 34293 US

Name and Address of New Registered Agent:

WEED, LLOYD
1680 SOUTH TAMIAMI TRAIL, UNIT B
VENICE, FL 34293 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: LLOYD WEED

03/18/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TITUS, JAMES H
Address: 1680 SOUTH TAMIAMI TRAIL, UNIT B
City-St-Zip: VENICE, FL 34293

Title: D () Delete
Name: JAQUITH, MICHAEL
Address: 1525 SOUTH TAMIAMI TRAIL
City-St-Zip: VENICE, FL 34293

Title: D () Delete
Name: ANGLE, TERRY
Address: 950 TROTTER STREET
City-St-Zip: NOKOMIS, FL 34275

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WEED, LLOYD
Address: 1680 SOUTH TAMIAMI TRAIL, UNIT B
City-St-Zip: VENICE, FL 34293

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ANGLE, TERRY
Address: 601 PALAMINO CIRCLE
City-St-Zip: NOKOMIS, FL 34275

Title: D () Change (X) Addition
Name: HOLLOWELL, MARILYN
Address: 417 MAHON DRIVE
City-St-Zip: VENICE, FL 34285

Title: D () Change (X) Addition
Name: BEEBE, MARK
Address: 601 BAY POINT AVENUE
City-St-Zip: NOKOMIS, FL 34275

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LLOYD WEED

DIR

03/18/2008

Electronic Signature of Signing Officer or Director

Date