

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000148

FILED  
Mar 19, 2008  
Secretary of State

Entity Name: SOCIAL SOLUTIONS II, INC.

**Current Principal Place of Business:**

1570 LAKEVIEW DRIVE  
110  
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

1570 LAKEVIEW DRIVE  
110  
SEBRING, FL 33870

**New Mailing Address:**

FEI Number: 05-0765406

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PHILLIPS, STEPHEN G  
1570 LAKEVIEW DRIVE  
SUITE 110  
SEBRING, FL 33870 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

**OFFICERS AND DIRECTORS:**

Title: O ( ) Delete  
Name: PHILLIPS, STEPHEN G  
Address: 1570 LAKEVIEW DR STE 110  
City-St-Zip: SEBRING, FL 33870

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: STEPHEN G PHILLIPS

OWNE

03/19/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date