2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002154

Entity Name: SHILOH PROBLEM SOLVERS, INC.

FILED Feb 09, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
875 KENNI	•			······································	
Current Mailing Address:			New Mailii	New Mailing Address:	
875 KENNI BROOKSV	EDY BLVD ILLE, FL 3460	1			
FEI Number: 75-3031080 FEI Number Applied For () FEI N		El Number Not Appli	icable () Certificate of Status Desired (X)		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
27199 FER	LARENCE D S RNERY AVE (ILLE, FL 3460				
The above in the State		ubmits this statement for the purpo	ose of changing it	s registered office or registered agent, or both,	
SIGNATURE:					
Electronic Signature of Registered Agent				Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () ROBINSON, WII 621 DIRE-DAW, BROOKSVILLE,	A AVE.	Title: Name: Address: City-St-Zip:	P (X) Change () Addition CLARK, CLARENCE D SR. 27199 FERNERY AVE BROOKSVILLE, FL 34602	
Title: Name: Address: City-St-Zip:	VPD () CLARK, CLARE 27199 FERNER BROOKSVILLE,	Y AVE,	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition ROBINSON, WILLIAM 618 DIRE-DAWA AVE BROOKSVILLE, FL 34601	
Title: Name: Address: City-St-Zip:	STD () ROBINSON, LIL 621 DIRE-DAW, BROOKSVILLE,	A AVE.	Title: Name: Address: City-St-Zip:	MEM (X) Change () Addition BEARD, TIMOTHY L DR. 4701 COPPER HILL DR. SPRINGHILL, FL 34609	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	MEM () Change (X) Addition HOLLAND, KARL 2326 CROSBY STREET LAKELAND, FL 33801	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	MEM () Change (X) Addition LEON, LUIS A 12480 FLEUM CT. BROOKSVILLE, FL 34613	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	MEM () Change (X) Addition BURNETT, FABIAN SR. 817 SHAYNE STREET BROOKSVILLE, FL 34601	

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: CLARENCE D. CLARK SR. P 02/09/2009