

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000004279

FILED
Oct 09, 2006
Secretary of State

Entity Name: SALINE SOULUTION INC.

Current Principal Place of Business:

1400 10TH STREET
C/O SALVATION ARMY
SARASOTA, FL 34230

New Principal Place of Business:

Current Mailing Address:

3651 WALDEN POND DRIVE
SARASOTA, FL 34240

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURNS, FRANK E
3651 WALDEN POND DRIVE
SARASOTA, FL 34240 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: FRANK BURNS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BURNS, FRANK E
Address: 3651 WALDEN POND DRIVE
City-St-Zip: SARASOTA, FL 34230

Title: VP () Delete
Name: AUNG-DIN, RON
Address: 7286 FRISCO LANE
City-St-Zip: SARASOTA, FL 34241

Title: S () Delete
Name: PARKER, JAMES B
Address: 890 FAULKWOOD COURT
City-St-Zip: SARASOTA, FL 34232

Title: T () Delete
Name: JAMES, MEEKS
Address: 7422 ALBERT TILLINGHAST DRIVE
City-St-Zip: SARASOTA, FL 34240

Title: CIO () Delete
Name: KELLEHER, LINDA
Address: 5119 ISLAND DATE STREET
City-St-Zip: SARASOTA, FL 34232

Title: COO () Delete
Name: HOUSTON, DEBBIE
Address: 7266 ELEANOR CIRCLE #101
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANK BURNS

P

10/09/2006

Electronic Signature of Signing Officer or Director

Date