

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000001447

FILED  
Mar 27, 2012  
Secretary of State

Entity Name: UNUS SOLUTIONS, INC.

**Current Principal Place of Business:**

14051 OCEAN PINE CIRCLE.  
ORLANDO, FL 32828

**New Principal Place of Business:**

**Current Mailing Address:**

14051 OCEAN PINE CIRCLE.  
ORLANDO, FL 32828

**New Mailing Address:**

PO BOX 781547  
ORLANDO, FL 32878

FEI Number: 27-4922445

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD, SUITE A  
TAMPA, FL 336123425 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: P  
Name: SHAVERS, TOMMY  
Address: 14051 OCEAN PINE CIRCLE  
City-St-Zip: ORLANDO, FL 32828

Title: STD  
Name: NELSON-SHAVERS, TOMICA  
Address: 14051 OCEAN PINE CIRCLE  
City-St-Zip: ORLANDO, FL 32828

Title: D  
Name: CLAYTON, GREGORY  
Address: 5316 SANTA ANA DRIVE  
City-St-Zip: ORLANDO, FL 32837

Title: D  
Name: BRAXTON, EARL  
Address: 923 MOZART DRIVE  
City-St-Zip: ORLANDO, FL 32825

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

SIGNATURE: TOMICA NELSON-SHAVERS

STD

03/27/2012

Electronic Signature of Signing Officer or Director

Date