## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P0000001181

Entity Name: R AND T SOLUTIONS, INC.

FILED Apr 09, 2006 Secretary of State

(X) Change ( ) Addition

Current Principal Place of Business: New Principal Place of Business:

14274 CHEVAL MAYFAIRE DR. 1955 LAZY OAKS LOOP 102 SAINT CLOUD, FL 34771

ORLANDO, FL 32828

Current Mailing Address: New Mailing Address:

14274 CHEVAL MAYFAIRE DR. P.O. BOX 621373 102 P.O. BOX 621373 ORLANDO, FL 32862

ORLANDO, FL 32828

FEI Number: 59-3625627 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

PROPPS, JEFFREY M

14274 CHEVAL MAYFAIRE DR.

102

ORLANDO, FL 32828 US

PROPPS, JEFFREY M PRES

1955 LAZY OAKS LOOP

SAINT CLOUD, FL 34771 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: JEFFREY M. PROPPS 04/09/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

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

Title: P ( ) Delete Title: PRES

Name:PROPPS, JEFFREY MName:PROPPS, JEFFREY MAddress:14274 CHEVAL MAYFAIRE DR #102Address:1955 LAZY OAKS LOOP

City-St-Zip: ORLANDO, FL 32828 City-St-Zip: SAINT CLOUD, FL 34771

Title: S ( ) Delete Title: SEC (X) Change ( ) Addition Name: FAIR, STACY M Name: PROPPS, STACY M

Address: 14274 CHEVAL MAYFAIRE DR #102 Address: 1955 LAZY OAKS LOOP
City-St-Zip: ORLANDO, FL 32828 City-St-Zip: SAINT CLOUD, FL 34771

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

SIGNATURE: JEFFREY M. PROPPS PRES 04/09/2006