

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000038193

FILED
Mar 09, 2007
Secretary of State

Entity Name: THE SOLUTION ASSOCIATES INC.

Current Principal Place of Business:

823 E RIVER DRIVE
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

P.O BOX 292803
TEMPLE TERRACE, FL 33687

New Mailing Address:

FEI Number: 59-3646653 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KOCH, STEPHEN A
201 NORTH FRANKLIN STREET, SUITE 3010
TAMPA, FL 33602 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STRANGE, CHARLES
Address: 823 E RIVER DR
City-St-Zip: TAMPA, FL 33617

Title: VP () Delete
Name: HARTFIELD, CRAIG
Address: 14716 LAUREL LAKE LANE
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: HARTFIELD, CRAIG
Address: 2824 TIMBERWAY PLACE
City-St-Zip: BRANDON, FL 33511

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: CHARLES STRANGE

PRES

03/09/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date