2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000039441

City-St-Zip:

MARGATE, FL 33063

Entity Name: A & A SOLUTIONS UNLIMITED, INC.

FILED Mar 31, 2003 Secretary of State

| Current Principal Place of Business: | | | New Principal Place o | New Principal Place of Business: | |
|---|--|---------------------------------------|---|---|--|
| | UENA VISTA E, FL 33063 | DRIVE | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| | UENA VISTA E, FL 33063 | DRIVE | | | |
| FEI Number | : 65-1000422 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired (X) | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| 2514 HOLI SUITE 508 | TZ, MICHAEL LYWOOD BL\ 3 DOD, FL 3302 | | | | |
| | named entity e of Florida. | submits this statement for the p | ourpose of changing its registered | office or registered agent, or both, | |
| SIGNATUI | RE: | | | | |
| | Electro | nic Signature of Registered Age | ent | Date | |
| | mpaign Financin S AND DIREC | g Trust Fund Contribution(). TORS: | ADDITIONS/CHANGE | S TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | KAPALKA, ALA | IA VISTA DRIVE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VIGNONE, ANT | IA VISTA DRIVE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | SEARS, TIMO |) Delete THY H | Title: Name: Address: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

SIGNATURE: ALAN J KAPALKA D 03/31/2003