2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000041407

Entity Name: PHONE SOLUTIONS, INC.

FILED Jan 16, 2008 Secretary of State

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

2015 8TH AVENUE WEST 1202 GARY AVENUE

A-78 SUITE 106
PALMETTO, FL 34221 ELLENTON, FL 34222

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Current Mailing Address: New Mailing Address:

 2015 8TH AVENUE WEST
 1202 GARY AVENUE

 A-78
 SUITE 106

 PALMETTO, FL 34221
 ELLENTON, FL 34222

FEI Number: 65-1004117 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:

GUESS, JAMES K
2015 8TH AVENUE WEST
A-78

GUESS, JAMES K
1202 GARY AVENUE
SUITE 106

PALMETTO, FL 34221 US SUITE 106
ELLENTON, FL 34222 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: 01/16/2008

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: P (X) Change () Addition

 Name:
 GUESS, JAMES K
 Name:
 GUESS, JAMES K

 Address:
 2015 8TH AVENUE WEST
 Address:
 1202 GARY AVENUE

 City-St-Zip:
 PALMETTO, FL 34221
 City-St-Zip:
 ELLENTON, FL 34222

Title: ST () Delete Title: ST (X) Change () Addition

 Name:
 GUESS, LINDA
 Name:
 GUESS, LINDA

 Address:
 2015 8TH AVENUE WEST
 Address:
 1202 GARY AVENUE

 City-St-Zip:
 PALMETTO, FL 34221
 City-St-Zip:
 ELLENTON, FL 34222

I hereby certify that the information supplied with this filing does not qualify 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: LINDA J GUESS ST 01/16/2008