## 2008 FOR PROFIT CORPORATION

## Apr 14, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P00000052701** 04-14-2008 90071 044 \*\*\*150.00 1. Entity Name AKUWA SOLUTIONS GROUP, INC. 40000100 Principal Place of Business Mailing Address 6341 PORTER RD. 8374 MARKET ST. SUITE 7 BRADENTON, FL 34202 SARASOTA, FL 34240 2. Principal Place of Business - No P.O. Box # 3. Mailing Address SAME Same Suite, Apt. #, etc Suite, Apt. #, etc., Su ITE # 219 03252008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For Jame AME 65-1015003 Not Applicable SAME Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NELSON, KARIN E Street Address (P.O. Box Number is Not Acceptable) 7222 PINE VALLEY STREET BRADENTON, FL 34202 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition NAME NELSON, TERRY NAME 7222 PINE VALLEY STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34202 CITY - ST - ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NELSON, KARIN NAME NAME 7222 PINE VALLEY ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34202 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2008

Daytime Phone #

**FILED**