2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000075283

Entity Name: A SIMPLE SOLUTION-PARALEGALS, INC.

FILED Apr 13, 2004 Secretary of State

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

5439 TOWER STREET 27275 MILLER ROAD

RIDGE MANOR, FL 33523 US DADE CITY, FL 33525 US

Current Mailing Address: New Mailing Address:

PO BOX 2412

DADE CITY, FL 335262412 US

FEI Number: 59-3664801 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:

WALLEN, SHARON A

5439 TOWER STREET

RIDGE MANOR, FL 33523 US

MEADOWS, NORMA J

27275 MILLER ROAD

DADE CITY, FL 33525 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: NORMA J. MEADOWS 04/13/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Delete Title: P/D (X) Change () Addition

 Name:
 WALLEN, SHARON A
 Name:
 MEADOWS, NORMA J

 Address:
 5439 TOWER ST
 Address:
 27275 MILLER ROAD

 City-St-Zip:
 RIDGE MANOR, FL 33523
 City-St-Zip:
 DADE CITY, FL 33525

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.

SIGNATURE: NORMA J. MEADOWS P/D 04/13/2004