2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000114724

1. Entity Name
PLANNED STRATEGIC SOLUTIONS, INC.

FILED
Apr 28, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
808 W CENTRAL BLVD CAPE CANAVERAL, FL 32920	PO BOX 504 CAPE CANAVERAL, FL 32920

DO NOT WRITE IN THIS SPACE

04242008　　No Chg-P　　CR2E034 (11/05)

4. FEI Number		Applied For
59-3692207		Not Applicable
5. Certificate of Status Desired	☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TERAN, MONICA I
808 W CENTRAL BLVD
CAPE CANAVERAL, FL 32920

DO NOT WRITE
IN THIS SPACE

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TERAN, MONICA I
STREET ADDRESS	808 W CENTRAL BLVD
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000927044
05/20/08-80091-003 150.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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: _____ Monica Teran　　　April, 25, 2008　　321-863-2533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR　　　Date　　　Daytime Phone #