

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000011641

**FILED  
Apr 20, 2011  
Secretary of State**

**Entity Name:** SOLUTIONS EDUCATIONAL AND PSYCHOLOGICAL SERVICES, INC.

**Current Principal Place of Business:**

548 CAMBRIDGE DR.  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

548 CAMBRIDGE DR.  
WESTON, FL 33326

**New Mailing Address:**

FEI Number: 65-1095180      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EISLER, MICHAEL J  
STRAUS & EISLER, P.A.  
1290 WESTON RD., STE. 314  
WESTON, FL 33326 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: DOLNICK, PAUL  
Address: 548 CAMBRIDGE DR.  
City-St-Zip: WESTON, FL 33326

I hereby 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 all other like empowered.

SIGNATURE: PAUL DOLNICK

Electronic Signature of Signing Officer or Director

DPS

04/20/2011

Date