

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000013589

Entity Name: NEUROSOLUTIONS, INC.

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

707 BALLARD STREET
SUITE 1001
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

707 BALLARD STREET
SUITE 1001
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

2627 MAITLAND CROSSING WAY
UNIT 8-101
ORLANDO, FL 32810

New Mailing Address:

PO BOX 941735
MAITLAND, FL 32794

FEI Number: 59-3695437

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEATHERFORD, WILLIAM P JR.
1031 W. MORSE BOULEVARD
SUITE 105
WINTER PARK, FL 32789 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MURPHY, M. KATHLEEN DR
Address: 707 BALLARD STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: P () Delete
Name: FOWLER, BRAD
Address: 707 BALLARD STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MURPHY, M. KATHLEEN DR
Address: 2627 MAITLAND CROSSING WAY, UNIT 8-101
City-St-Zip: ORLANDO, FL 32810

Title: P (X) Change () Addition
Name: FOWLER, BRAD
Address: 2627 MAITLAND CROSSING WAY, UNIT 8-101
City-St-Zip: ORLANDO, FL 32810

I hereby certify that the information supplied with this filing does not qualify for the 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: BRAD FOWLER

P

04/27/2006

Electronic Signature of Signing Officer or Director

Date