

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000029962

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: MIS SOLUTIONS INTERNATIONAL, INC.

## Current Principal Place of Business:

280 WEKIVA SPRINGS RD  
STE 2030  
LONGWOOD, FL 32779

## New Principal Place of Business:

2101 WEST STATE RD 434  
STE 100  
LONGWOOD, FL 32779

## Current Mailing Address:

280 WEKIVA SPRINGS RD  
STE 2030  
LONGWOOD, FL 32779

## New Mailing Address:

2101 WEST STATE RD 434  
STE 100  
LONGWOOD, FL 32779

FEI Number: 59-3711288

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JABLON, MARC  
280 WEKIVA SPRINGS RD  
STE 2030  
LONGWOOD, FL 32779 US

## Name and Address of New Registered Agent:

JABLON, MARC  
2101 WEST STATE RD 434  
STE 100  
LONGWOOD, FL 32779 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:

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: RUSSELL, JOSEPH  
Address: 7045 HUNDRED ACRE DR  
City-St-Zip: COCOA, FL 32927

Title: VPD ( ) Delete  
Name: FYFE, TERRY  
Address: 2937 MONACO CT  
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete  
Name: JABLON, KEITH  
Address: 329 BLUE STONE CIR  
City-St-Zip: WINTER GARDEN, FL 34787

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MAYHEW, DAVID  
Address: 2101 WEST STATE RD 434, STE 100  
City-St-Zip: LONGWOOD, FL 32779

Title: VPD (X) Change ( ) Addition  
Name: MAGUIRE, MATTHEW  
Address: 2101 WEST STATE RD 434, STE 100  
City-St-Zip: LONGWOOD, FL 32779

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MATTHEW MAGUIRE

PVD

04/30/2009

Electronic Signature of Signing Officer or Director

Date