

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000035686**

1. Entity Name  
**PUBLIC SECTOR SOLUTIONS, INC.**



Principal Place of Business <b>11380 PROSPERITY FARMS RD          SUITE 101, C/O ANDREW PASTOR          PALM BEACH GARDENS, FL 33410</b>	Mailing Address <b>11380 PROSPERITY FARMS RD          SUITE 101, C/O ANDREW PASTOR          PALM BEACH GARDENS, FL 33410</b>
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**DO NOT WRITE IN THIS SPACE**



04112007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1110530	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PASTOR, ANDREW E ESQ  
 11380 PROSPERITY FARMS RD, STE 101  
 PALM BEACH GARDENS, FL 33410**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOKOL, MARSHALL D 2121 K ST, NW, SUITE 800 WASHINGTON, DC 20037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST SOKOL, JOAN B 2121 K ST, NW, SUITE 800 WASHINGTON, DC 20037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/26/07-80006-017 150.00

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:** Joan B. Sokol - JOAN B. SOKOL 4/16/07 877/937-7774  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #