

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90022 026 ***150.00

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1. Entity Name
CLIENT SOLUTIONS, INC.



Principal Place of Business
360 FRANKLIN RD
TEQUESTA, FL 33468

Mailing Address
360 FRANKLIN RD
TEQUESTA, FL 33468

50009501



2. Principal Place of Business

19 PINEHILL TRAIL E.

Suite, Apt. #, etc.

3. Mailing Address

19 PINEHILL TRAIL E.

Suite, Apt. #, etc.

03282006

Chg-P

CR2E034 (11/05)

City & State

TEQUESTA FL

City & State

TEQUESTA FL

4. FEI Number

52-2321995

Applied For

Not Applicable

Zip

33469

Country

USA

Zip

33469

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MADDEN, ROBERT C
360 FRANKLIN RD.
TEQUESTA, FL 33469

7. Name and Address of New Registered Agent

Name MADDEN, ROBERT C.

Street Address (P.O. Box Number is Not Acceptable)

19 PINEHILL TRAIL E.

City TEQUESTA

FL

Zip Code

33469

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 ROBERT C. MADDEN

Robert Madden

3-28-06

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE MM ☐ Delete
NAME MADDEN, ROBERT C
STREET ADDRESS 360 FRANKLIN RD.
CITY-ST-ZIP TEQUESTA, FL 33469

TITLE MM ☐ Delete
NAME MADDEN, BETH
STREET ADDRESS 360 FRANKLIN RD
CITY-ST-ZIP TEQUESTA, FL 33468

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE MM ☒ Change ☐ Addition
NAME MADDEN, ROBERT C.
STREET ADDRESS 19 PINEHILL TRAIL E.
CITY-ST-ZIP TEQUESTA FL 33469

TITLE MM ☒ Change ☐ Addition
NAME MADDEN, BETH
STREET ADDRESS 19 PINEHILL TRAIL E.
CITY-ST-ZIP TEQUESTA FL 33469

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Robert Madden

ROBERT C. MADDEN

3-28-06

(561)

575-4260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #