2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P01000078580

Entity Name: SOLUTIONS CF PROJECT MANAGER, INC.

Current Principal Place of Business:

7651 N.W. 116TH PL
DORAL, FL 33178

New Principal Place of Business:

8539 N.W. 108TH CT
DORAL, FL 33178

Current Mailing Address:

7651 N.W. 116TH PL
DORAL, FL 33178

New Mailing Address:

8539 N.W. 108TH CT
DORAL, FL 33178

FEI Number: 65-1129403 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FANELLI, CARITZA D PD
7651 N.W. 116TH PL
DORAL, FL 33178 US

Name and Address of New Registered Agent:

FANELLI, CARITZA D PD
8539 N.W. 108TH CT
DORAL, FL 33178 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: _____ 04/30/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FANELLI, CARITZA D
Address: 7651 N.W. 116TH PL
City-St-Zip: DORAL, FL 33178

Title: VD ( ) Delete
Name: FANELLI, SAVERIO
Address: 7651 N.W. 116TH PL
City-St-Zip: DORAL, FL 33178

Title: SD (X) Delete
Name: MIRANDA, PHILLIP L
Address: 7651 N.W. 116TH PL
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: FANELLI, CARITZA D
Address: 8539 N.W. 108TH CT.
City-St-Zip: DORAL, FL 33178

Title: VD (X) Change ( ) Addition
Name: FANELLI, SAVERIO
Address: 8539 N.W. 108TH CT
City-St-Zip: DORAL, FL 33178

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: CARITZA D. FANELLI PD 04/30/2008
Electronic Signature of Signing Officer or Director — Date