2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000089496

Entity Name: SOULUTIONS UNLIMITED, INC.

FILED Apr 06, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1905 N OCEAN BLVD 4737 N. OCEAN BLVD FT LAUD, FL 33305 SUITE 177

FT LAUD, FL 33308

Current Mailing Address: New Mailing Address:

4737 N. OCEAN BLVD #177 251 N TRADEWINDS FT LAUDERDALE, FL 33308 SUITE 177

FT LAUD, FL 33308

FEI Number: 65-1137874 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAISONAVE, CARIS MAISONAVE, CARIS 1905 N OCEÁN BLVD 4737 N. OCEAN BLVD #177 FT LAUDERDALE, FL 33305 US FT LAUDERDALE, FL 33308 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: CM 04/06/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition MAISONAVE, CARIS MAISONAVE, CARIS Name: Name: Address:

1905 N OCEAN BLVD Address: 4737 N OCEAN BLVD #177 City-St-Zip: FT LAUD, FL 33305 City-St-Zip: FT LAUD, FL 33308

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: CM **PRES** 04/06/2008