2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# P01000092850

Entity Name: SINGULAR SOLUTIONS INC.

Current Principal Place of Business:

5745 DON MANUEL RD
ELKTON, FL 32033

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 249
ELKTON, FL 32033

New Mailing Address:

FEI Number: 59-3746812 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEON, LISA M
5095 US 1 S
ST AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

GOMEZ, EDMUND E
5745 DON MANUEL ROAD
ELKTON, FL 32033 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: EDMUND E. GOMEZ 04/21/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GOMEZ, EDMUND
Address: 5745 DON MANUEL ROAD
City-St-Zip: ELKTON, FL 32033

Title: ST ( ) Delete
Name: GOMEZ, BARBARA
Address: 5745 DON MANUEL ROAD
City-St-Zip: ELKTON, FL 32033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: EDMUND GOMEZ PRES 04/21/2009
Electronic Signature of Signing Officer or Director Date