

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000092850

Entity Name: SINGULAR SOLUTIONS INC.

**FILED**  
**Mar 03, 2011**  
**Secretary of State**

**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:**

GOMEZ, EDMUND E  
5745 DON MANUEL ROAD  
ELKTON, FL 32033 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: BARBARA L GOMEZ

ST

03/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date