2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 04, 2007 8:00 am Secretary of State **DOCUMENT # P02000011865** 05-04-2007 90098 028 ***158.75 1. Entity Name MH SOLUTIONS, INC. Mailing Address Principal Place of Business 6845 SW 144 ST 6845 SW 144 ST VILLAGE OF PALMETTO BAY, FL 33158 VILLAGE OF PALMETTO BAY, FL 33158 3. Mailing Address 2. Principal Place of Business - No P.O. Box # w Suite, Apt. #, etc. 04302007 CR2E034 (12/06) Chg-P Applied For 4. FEI Number necres 01-0585359 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent HERNANDEZ, MIRELLA I 6845:S:W. 144TH:STREET VILLAGE OF PALMETTO BAY, FL 33158 8. The above named entity submits this statement for the purpose of changing its registered office or nt, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD Delete TITLE TITLE Change ☐ Addition HERNANDEZ, MIRELLA I NAME NAME William Hernandez 6845 S.W. 144TH STREET STREET ADDRESS STREET ADDRESS Pineerest FL33156 CITY-ST-ZIP VILLAGE OF PALMETTO BAY, FL 33158 CITY-ST-ZIP SD Delete TITLE TITLE HERNANDEZ, MIGUEL JR NAME SURFET ADDRESS 17801 SW 84 AVENUE STREET ADDRESS CITY-ST-ZIP VILLAGE OF PALMETTO BAY, FL 33157 CITY-ST-ZIP VPD Delete TITLE ☐ Change Addition HERNANDEZ, MIGUEL JR NAME NAME 17801 SW 84 AVENUE STREET ADDRESS STREET ADDRESS VILLAGE OF PALMETTO BAY, FL 33157 CITY-ST-7IP CITY-S1-ZIP TITLE Delete TITLE ☐ Change ☐ Addition HERNANDEZ, MIRELLA I NAME NAME STREET ADDRESS 6845 S.W. 144TH STREET STREET ADDRESS CITY-ST-ZIP VILLAGE OF PALMETTO BAY, FL 33158 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filting 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 affect as if made under eath; 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.

FILED