

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000049365

Entity Name: SAS 70 SOLUTIONS, INC.

FILED
Sep 22, 2009
Secretary of State

Current Principal Place of Business:

1300 N. WEST SHORE BLVD.
SUITE 240
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

1300 N. WEST SHORE BLVD.
SUITE 240
TAMPA, FL 33607

New Mailing Address:

FEI Number: 73-1639753

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GULECAS, JAMES F ESQ.
2555 ENTERPRISE ROAD
SUITE 15
CLEARWATER, FL 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 () Delete
Name: PRICE, SCOTT G
Address: 1300 N. WEST SHORE BLVD., SUITE 240
City-St-Zip: TAMPA, FL 33607

Title: VP (X) Delete
Name: SCHELLMAN, CHRISTOPHER L
Address: 1300 N. WEST SHORE BLVD., SUITE 240
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CHRISTOPHER, SCHELLMAN L
Address: 1300 N. WEST SHORE BLVD., SUITE 240
City-St-Zip: TAMPA, FL 33607

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: CHRISTOPHER L. SCHELLMAN

PRES

09/22/2009

Electronic Signature of Signing Officer or Director

Date