2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008
Secretary of State

DOCUMENT# P02000055433

Entity Name: SOLUTIONZ PUBLICATIONS, INC.

Current Principal Place of Business:

630 BROOKER CREEK BLVD
SUITE 310
OLDSMAR, FL 34677

New Principal Place of Business:

10705 CAPE HATTERAS DRIVE
TAMPA, FL 33615

Current Mailing Address:

630 BROOKER CREEK BLVD
SUITE 310
OLDSMAR, FL 34677

New Mailing Address:

13911 W. HILLSBOROUGH AVE.
SUITE 312
TAMPA, FL 33635

FEI Number: 01-0711860 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FITZGERALD, CHICKE
630 BROOKER CREEK BLVD
SUITE 310
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

FITZGERALD, CHICKE
10705 CAPE HATTERAS DRIVE
TAMPA, FL 33615 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: 04/04/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FITZGERALD, MICHAEL
Address: 630 BROOKER CREEK BLVD SUITE 310
City-St-Zip: OLDSMAR, FL 34677

Title: D ( ) Delete
Name: FITZGERALD, CHICKE
Address: 630 BROOKER CREEK BLVD SUITE 310
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FITZGERALD, MICHAEL
Address: 10705 CAPE HATTERAS DRIVE
City-St-Zip: TAMPA, FL 33615

Title: D (X) Change ( ) Addition
Name: FITZGERALD, CHICKE
Address: 10705 CAPE HATTERAS DRIVE
City-St-Zip: TAMPA, FL 33615

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: MICHAEL J FITZGERALD D 04/04/2008
Electronic Signature of Signing Officer or Director — Date