2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000109027

BOCA RATON, FL 33431

Entity Name: INFINET SOLUTIONS, INC.

FILED Jan 29, 2007 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

2700 NORTH MILITARY TRAIL 521 BAYFRONT DRIVE

SUITE 210 BOYNTON BEACH, FL 33435

Current Mailing Address: New Mailing Address:

2700 NORTH MILITARY TRAIL 521 BAYFRONT DRIVE

SUITE 210 BOYNTON BEACH, FL 33435 BOCA RATON, FL 33431

FEI Number: 14-1850649 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BLACK, JASON M RIVERA, WILNAYDA 2700 NORTH MILITARY TRAIL 521 BAYFRONT DRIVE

SUITE 210 BOYNTON BEACH, FL 33435 US BOCA RATON, FL 33431 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: WILNAYDA RIVERA 01/29/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 BLACK, JASON M
 Name:
 BLACK, JASON M

 Address:
 4105 TUSCANY WAY
 Address:
 521 BAYFRONT DRIVE

 City-St-Zip:
 BOYNTON BEACH, FL 33435
 City-St-Zip:
 BOYNTON BEACH, FL 33435

Title: O () Delete Title: O (X) Change () Addition

 Name:
 OLSHER, MICHAEL PH.D
 Name:
 RIVERA, WILNAYDA

 Address:
 16199 ANDALUCIA LANE
 Address:
 521 BAYFRONT DRIVE

 City-St-Zip:
 DELRAY BEACH, FL 33446
 City-St-Zip:
 BOYNTON BEACH, FL 33435

Title: O () Delete Title: O (X) Change () Addition

Name: OLSHER, DAX Name: BLACK, BARRY
Address: 530 SWINTON AVENUE Address: 4105 TUSCANY WAY
City-St-Zip: DELRAY BEACH, FL 33444 City-St-Zip: BOYNTON BEACH, FL 33435

Title: D (X) Delete Title: () Change () Addition

 Name:
 ZOBEL, PHILIP G
 Name:

 Address:
 6615 NW 42ND TERRACE
 Address:

 City-St-Zip:
 COCONUT CREEK, FL 33073
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WILNAYDA RIVERA O 01/29/2007