2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000018066

Entity Name: FINWESTA BUSINESS SOLUTIONS, INC.

FILED Jan 02, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3159 LITTLE VALLEY WAY 5671 VINTAGE VIEW BLVD. LAKELAND, FL 33813 LAKELAND, FL 33812

Current Mailing Address: New Mailing Address:

P.O. BOX 214 5671 VINTAGE VIEW BLVD. HIGHLAND CITY, FL 33846 LAKELAND, FL 33812

FEI Number: 75-3103230 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:

VARUGHESE, VARUGHESE C
3159 LITTLE VALLEY WAY
LAKELAND, FL 33813 US

VARUGHESE, VARUGHESE C
5671 VINTAGE VIEW BLVD.
LAKELAND, FL 33812 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: VARUGHESE C VARUGHESE 01/02/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete

 Name:
 VARUGHESE, VARUGHESE C

 Address:
 3159 LITTLE VALLEY WAY

 City-St-Zip:
 LAKELAND, FL 33813

 Title:
 D
 () Delete

 Name:
 VARUGHESE, JESSYMOL

 Address:
 3159 LITTLE VALLEY WAY

 City-St-Zip:
 LAKELAND, FL 33813

 Title:
 D
 () Delete

 Name:
 CHERIAN, JAMES K

 Address:
 3867 WHITE DOVE DR.

 City-St-Zip:
 LAKELAND, FL
 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 (X) Change () Addition

 Name:
 VARUGHESE, VARUGHESE C

 Address:
 5671 VINTAGE VIEW BLVD.

 City-St-Zip:
 LAKELAND, FL 33812

Title: D (X) Change () Addition
Name: VARUGHESE, JESSYMOL
Address: 5674 VINTAGE VIEW RLVD

Address: 5671 VINTAGE VIEW BLVD.
City-St-Zip: LAKELAND, FL 33812

Title: D (X) Change () Addition

Name: CHERIAN, JAMES K Address: 3867 WHITE DOVE DR. City-St-Zip: LAKELAND, FL 33812

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: VARUGHESE C VARUGHESE DR 01/02/2007