

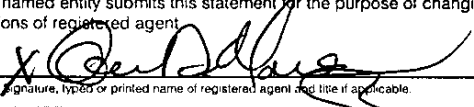



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90125 033 ***150.00

DOCUMENT # P03000022596 1. Entity Name POD SOLUTIONS, INC.					
Principal Place of Business 14312 ISLAMORADA DR ORLANDO, FL 32837			Mailing Address 20 N ORANGE AVE. SUITE 600 ORLANDO, FL 32801		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 14312 ISLA MORADA DR.			
City & State ORLANDO FLORIDA		City & State ORLANDO FLORIDA		4. FEI Number 06-1691702	
Zip 32837		Country ORANGE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENDRY STONER DELANCETT & BROWN, P.A. 20 N. ORANGE AVENUE SUITE 600 ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name ALMA D MARTINEZ Street Address (P.O. Box Number is Not Acceptable) 14312 ISLA MORADA DRIVE City ORLANDO FL 32837	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 3/3/06 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MARTINEZ, ALMA D 14312 ISLAMORADA DR ORLANDO, FL 32837	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D MARCOS BOBON 14312 ISLA MORADA DRIVE ORLANDO, FLORIDA 32837	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date 3/3/06 Daytime Phone # 407-855-6855		