2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# P03000030008

Entity Name: ANKEY SOLUTIONS, INC.

Current Principal Place of Business:

1161 SUMMIT PLACE CIRCLE
APT. C
WEST PALM BEACH, FL 33415

New Principal Place of Business:

133 W. CYPRESS ROAD
LAKE WORTH, FL 33467

Current Mailing Address:

1161 SUMMIT PLACE CIRCLE
APT. C
WEST PALM BEACH, FL 33415

New Mailing Address:

133 W. CYPRESS ROAD
LAKE WORTH, FL 33467

FEI Number: 84-1624166 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEPORE, NICOLE
1161 SUMMIT PLACE CIRCLE
APT. C
WEST PALM BEACH, FL 33415 US

Name and Address of New Registered Agent:

LEPORE-LEIB, NICOLE
133 W. CYPRESS ROAD
LAKE WORTH, FL 33467 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: NICOLE LEPORE-LEIB 02/18/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete
Name: LEPORE, NICOLE M
Address: 1161 SUMMIT PL CIR APT C
City-St-Zip: WEST PALM BEACH, FL 33415

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition
Name: LEPORE-LEIB, NICOLE M
Address: 133 W. CYPRESS ROAD
City-St-Zip: LAKE WORTH, FL 33467

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: NICOLE LEPORE-LEIB PTSD 02/18/2009
Electronic Signature of Signing Officer or Director Date