

2008 FOR PROFIT CORPORATION REINSTATEMENT

F.I.L.E.

08 NOV 17 PH 3: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11132008 REIN-P CR2E098 (1/07)

DOCUMENT # P03000060319 1. Entity Name TROJAN HORSE SOLUTIONS, INC.					
Principal Place of Business 2436 AQUA VISTA BLVD FT. LAUDERDALE, FL 33301			Mailing Address 2436 AQUA VISTA BLVD FT. LAUDERDALE, FL 33301		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 61-1450919	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JANNUZZI, RICHARD ESQ 907 DIPLOMAT PKWY HOLLYWOOD, FL 33309			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
JANN HOLLYWOOD, FL 33309			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES CAMPBELL, SCOTT D 2436 AQUA VISTA BLVD FT. LAUDERDALE, FL 33301		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition 500138008215 11/17/08--01056--001 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
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:			11/13/08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

11/17
ad