

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000070111

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: STEPSTONE SOLUTIONS, INC.

## Current Principal Place of Business:

5728 MAJOR BLVD.  
SUITE 720  
ORLANDO, FL 32819

## New Principal Place of Business:

## Current Mailing Address:

5728 MAJOR BLVD.  
SUITE 720  
ORLANDO, FL 32819

## New Mailing Address:

FEI Number: 01-0789774      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: COUCH, BUCKY  
Address: 2222 WESTERN TRAILS BLVD, SUITE 200  
City-St-Zip: AUSTIN, TX 78666

Title: SD ( ) Delete  
Name: INGRAM, SHELLY  
Address: 2222 WESTERN TRAILS BLVD, SUITE 200  
City-St-Zip: AUSTIN, TX 78666

Title: T ( ) Delete  
Name: LOVE, DUNCAN  
Address: TEMPUS CT, ONSLOW ST  
City-St-Zip: GUILDFORD- GU1 4SS UK,

Title: D ( ) Delete  
Name: PARKER, MATTHEW  
Address: TEMPUS CT, ONSLOW ST  
City-St-Zip: GUILDFORD - GU1 4SS UK, FL 32819

Title: D ( ) Delete  
Name: COLE, IAN  
Address: TEMPUS CT ONSLOW ST  
City-St-Zip: GUILDFORD - GU1 4SS UK,

Title: D ( ) Delete  
Name: TENWICK, COLIN  
Address: TEMPUS CT ONSLOW ST  
City-St-Zip: GUILDFORD - GU1 4SS UK,

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: THOMAS E. GRAHAM

MR.

04/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date