

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000088479

Entity Name: TLC SOLUTIONS, INC.

FILED  
Apr 21, 2006  
Secretary of State

## Current Principal Place of Business:

720 NORTH DRIVE  
MELBOURNE, FL 329349286 US

## New Principal Place of Business:

120 CUMBERLAND PARK DRIVE  
SUITE 101  
ST. AUGUSTINE, FL 32095 US

## Current Mailing Address:

P. O. BOX 600764  
FRUIT COVE, FL 322600764 US

## New Mailing Address:

FEI Number: 20-0143955

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SANDERS, JILL R  
720 NORTH DRIVE  
MELBOURNE, FL 329349286 US

## Name and Address of New Registered Agent:

SANDERS, MARTIN L  
120 CUMBERLAND PARK DRIVE  
SUITE 101  
ST. AUGUSTINE, FL 32095 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: MARTIN L SANDERS

04/21/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D/P ( ) Delete  
Name: SANDERS, JILL R  
Address: 404 CHIPLEY PLACE WEST  
City-St-Zip: FRUIT COVE, FL 32259 US

Title: D/V ( ) Delete  
Name: SELLERS, SHANTEL M  
Address: 12403 CONDOR DRIVE  
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: V ( ) Delete  
Name: SELLERS, ANTHONY D  
Address: 12403 CONDOR DRIVE  
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D/V (X) Change ( ) Addition  
Name: SELLERS, SHANTEL M  
Address: 1792 FERNCREEK DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: D/V (X) Change ( ) Addition  
Name: SELLERS, ANTHONY D  
Address: 1792 FERNCREEK DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: M/V ( ) Change (X) Addition  
Name: SANDERS, MARTIN L  
Address: 404 CHIPLEY PLACE WEST  
City-St-Zip: FRUIT COVE, FL 32259

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: MARTIN L SANDERS

M/V

04/21/2006

Electronic Signature of Signing Officer or Director

Date