

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000088479

FILED
Mar 26, 2007
Secretary of State

Entity Name: TLC SOLUTIONS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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, MARTIN L
120 CUMBERLAND PARK DRIVE
SUITE 101
ST. AUGUSTINE, FL 32095 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: 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: 1792 FERNCREEK DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092 US

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D/V (X) Change () Addition
Name: SANDERS, JILL R
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

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03/26/2007

Electronic Signature of Signing Officer or Director

Date