

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000097036

Entity Name: CITIC SOLUTIONS INC.

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

122 OSPREY LANE  
INTERLACHEN, FL 32148 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 924  
STARKE, FL 32091 US

**New Mailing Address:**

FEI Number: 20-0201676

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TAYLOR, JAMES J JR  
160 MAGNOLIA AVENUE  
KEYSTONE HEIGHTS,, FL 32656 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

**OFFICERS AND DIRECTORS:**

Title: P, D  
Name: GILLENWATERS, TODD M  
Address: 122 OSPREY LANE  
City-St-Zip: INTERLACHEN, FL 32148 US

Title: D  
Name: GILLENWATERS, GLORIA J  
Address: PO BOX 924  
City-St-Zip: STARKE, FL 32091 US

I hereby 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 all other like empowered.

SIGNATURE: TODD M GILLENWATERS

P D

04/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date