2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000099469

Entity Name: A.C.J. SOLUTIONS, INC.

Name:

Address: City-St-Zip: WOODS, DARLENE

823 RENAISSANCE POINTE

ALTAMONTE SPRINGS, FL 32714

FILED Apr 21, 2008 Secretary of State

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|---|--|----------------------------------|---|---|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| 120 N CENTRAL AVE OVIEDO, FL 32765 | | | 184 S CENTRAL AVE OVIEDO, FL 32765 | 184 S CENTRAL AVE OVIEDO, FL 32765 | |
| Current Mailing Address: | | | New Mailing Addres | New Mailing Address: | |
| 253 | VERSITY BL D, FL 32817 | VD | | | |
| FEI Number: | : 20-0292200 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address | Name and Address of New Registered Agent: | |
| 253 ORLANDO The above | IVERSITY BL D, FL 32817 named entit e of Florida. | US | purpose of changing its registere | d office or registered agent, or both, | |
| Electronic Signature of Registered Agent | | | ent | Date | |
| Election Car | mpaign Financ | ing Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | |
| Title: Name: Address: City-St-Zip: | BROWN, CO | RSITY BLVD 253 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | BROWN, PA | RSITY BLVD 253 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: | ST | (X) Delete | Title: | () Change () Addition | |

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.

Name:

Address:

City-St-Zip:

SIGNATURE: COLIN BROWN P 04/21/2008