


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90420 048 \*\*\*158.75

**DOCUMENT # P03000105224**

1. Entity Name  
**MICHELLE LYNN SOLUTIONS, INC.**



Principal Place of Business      Mailing Address  
**1547 NW 165TH ST.**      **1547 NW 165TH ST.**  
**MIAMI, FL 33169 US**      **MIAMI, FL 33169 US**

**14014504**



2. Principal Place of Business      3. Mailing Address  
**659 Biscayne River Drive**      **659 Biscayne River Drive**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

04282005      Chg-P      CR2E034 (10/03)

City & State      City & State  
**Miami, FL**      **Miami, FL**  
 Zip      Country      Zip      Country  
**33169**      **USA**      **33169**      **USA**

4. FEI Number      Applied For  
**32-0093683**      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**DRANE, DWIGHT**  
**200 NW 107TH AVE.**  
**PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**  
 Name **DRANE DWIGHT**  
 Street Address (P.O. Box Number is Not Acceptable)  
**659 Biscayne River Dr.**  
 City **Miami**      **FL**      Zip Code **33169**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE       **Dwight Drane**      **4/28/05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when forgoing.) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	ADDERLEY, MICHELLE L	3405 AVE. M	FT. PIERCE, FL 34947	<input type="checkbox"/>
V	DRANE, DWIGHT	200 NW 107TH AVE.	PLANTATION, FL 33324	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:       **Dwight Drane v/p**      **4/28/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #