2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007, 08:00 AN
Secretary of State

ANNUAL REPORT				Jan 25, 2007, 08:00			
DOCU	MENT # P030001178			S	ecreta	ry of Stat	
1. Entity Name	e						
SOLUTIO	NS PLUS, INC.						
Principal Place	e of Business	Mailing Address					
133 NEW BR		717 EAST OAK STREET					
Bradenton,	, FL 34212 US	KISSIMMEE, FL 34744 US					
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DO NOT WRITE IN THIS SPACE			CE				
				01032007	No Chg-P	CR2E034	<u> </u>
U	O NO! WINIE	IN HINO OLA	<u> </u>	4. FEI Numb 20-032			Applied For Not Applicable
					of Status Desired		.75 Additional
	6. Name and Address of Current R	egistered Agent				Fee	Required
VINOPAL, GERALD F 133 NEW BRITON CT				DO	NOT W	RITE	
BRADENTON, FL 34212			IN THIS SPACE				
				11.4		70 <u>-</u>	
			<u> </u>				
	named entity submits this statement for lions of registered agent.	ne purpose of changing its register	ec office of register	red agent, or bo	oth, in the State of Fig	onda. (am iam	sitar with, and accept
SIGNATURE_					w		
	Signature, typed or printed name of registered agent an	title if applicable. (NOTE Register	ed Agent signature require	d when reinstating)	i ——————	DAJE	. +.
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be ded to Fees	 U000000E 01/29/07-E	704207 10045-006	5 150.00
10.	OFFICERS AND D	IRECTORS .	-				
TITLE NAME	PDS VINOPAL, GERALD F						
STREET ADDRESS	133 NEW BRITON CT.						
CITY-ST-ZIP	BRADENTON, FL 34212						
TITLE NAME	VD VINOPAL, ROSE B						
STREET ADDRESS	133 NEW BRITON CT.						
C(TY-ST-ZIP	BRADENTON, FL 34212		1				
11111							
NAME STREET ADDRESS				D0	NIOT IA	€	
CITY-ST-ZIP		<u>.</u>		טט	NOT W	KIIE	
DILE				IN	THIS SI	PACE	
NAME STREET ADDRESS							
CITY-ST-ZP							
TITLE							
NAME OTREET ADDRESS			1				
STREET ADDRESS CITY-ST-ZIP							
TITLE			1				
NAME STREET ATMRESS	***************************************						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/07 941-744-0332