## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000158060

Entity Name: SOLUTIONZ GROUP INTERNATIONAL, INC.

FILED Apr 04, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

630 BROOKER CREEK BLVD 10705 CAPE HATTERAS DRIVE

SUITE 310 TAMPA, FL 33615 OLDSMAR, FL 34677

**New Mailing Address: Current Mailing Address:** 

630 BROOKER CREEK BLVD 13911 W. HILLSBOROUGH AVE.

SUITE 310 SUITE 312 OLDSMAR, FL 34677

TAMPA, FL 33635

FEI Number: 58-2285226 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

JEFFRIES, DAVID M JEFFRIES, DAVID M 101 EAST KENNEDY BLVD. 1227 N. FRANKLIN STREET **SUITE 3000** TAMPA, FL 33602

TAMPA, FL 33602 US 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: 04/04/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

FITZGERALD, CHICKE Name: Name: FITZGERALD, CHICKE 630 BROOKER CREEK BLVD SUITE 310 Address: 10705 CAPE HATTERAS DRIVE Address:

TAMPA, FL 33615 City-St-Zip: OLDSMAR, FL 34677 City-St-Zip:

Title: Title: (X) Change ( ) Addition () Delete

Name: FITZGERALD, MICHAEL Name: FITZGERALD, MICHAEL

630 BROOKER CREEK BLVD SUITE 310 Address: 10705 CAPE HATTERAS DRIVE Address:

OLDSMAR, FL 34677 TAMPA, FL 33615 City-St-Zip: City-St-Zip:

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.

SIGNATURE: MICHAEL J FITZGERALD 04/04/2008 D