2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2008
Secretary of State

DOCUMENT# P04000014902

Entity Name: KING SOLUTIONS, INC.

Current Principal Place of Business:

3450 BLUE LAKE DR
SUITE 405
POMPANO BEACH, FL 33064

New Principal Place of Business:

59 NW 45TH AVE # 105
DEERFIELD BEACH, FL 33442

Current Mailing Address:

3450 BLUE LAKE DR
SUITE 405
POMPANO BEACH, FL 33064

New Mailing Address:

59 NW 45TH AVE # 105
DEERFIELD BEACH, FL 33442

FEI Number: 20-0670902 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1261 E SAMPLE RD
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

TAX HOUSE CORPORATION
1100 S. FEDERAL HWY
2ND FLOOR
DEERFIELD BEACH, FL 33442 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: BRENO GOMES 08/29/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: REIS, TIAGO
Address: 3450 BLUE LAKE DR SUITE 405
City-St-Zip: POMPANO BEACH, FL 33064

Title: S ( ) Delete
Name: REIS, KARLA C
Address: 2009 NW 49TH AVE
City-St-Zip: COCONUT CREEK, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: REIS, TIAGO
Address: 59 NW 45TH AVE # 105
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: ( ) Change ( ) Addition
Name:
Address:
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: TIAGO REIS P 08/29/2008
Electronic Signature of Signing Officer or Director Date