

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000037887

Entity Name: JOINUS SOLUTIONS, INC.

FILED
Mar 28, 2005
Secretary of State

Current Principal Place of Business:

13014 N. DALE MABRY HIGHWAY
257
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

13014 N. DALE MABRY HIGHWAY
257
TAMPA, FL 33618

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER, MARGARET
19212 FISHERMANS BEND DRIVE
LUTZ, FL 33558 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FOWLER, MARGARET
Address: 13014 N. DALE MABRY #257
City-St-Zip: TAMPA, FL 33618

Title: DVP () Delete
Name: BRANDT, JILLIAN
Address: 13014 N. DALE MABRY HIGHWAY#257
City-St-Zip: TAMPA, FL 33618

Title: DT () Delete
Name: BRANDT, MICHAEL
Address: 13014 N. DALE MABRY HIGHWAY#257
City-St-Zip: TAMPA, FL 33618

Title: DS () Delete
Name: FOWLER, SHAUN
Address: 13014 N. DALE MABRY HIGHWAY#257
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 BRANDT

DT

03/28/2005

Electronic Signature of Signing Officer or Director

Date