

## **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000079286

**FILED**  
**Jul 26, 2010**  
**Secretary of State**

**Entity Name:** ULTIMATE FLORIDA SOLUTION INC.

**Current Principal Place of Business:**

12400 NE 51ST TERRACE  
OXFORD, FL 34484

**New Principal Place of Business:**

3400 SOUTHERN TRACE  
SUITE 105  
THE VILLAGES, FL 32162

**Current Mailing Address:**

12400 NE 51ST TERRACE  
OXFORD, FL 34484

**New Mailing Address:**

**FEI Number:** 20-1147481      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

COLLERETTE, SYLVAIN  
12400 NE 51ST TERRACE  
OXFORD, FL 34484      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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: COLLERETTE, SYLVAIN  
Address: 12400 NE 51ST TERRACE  
City-St-Zip: OXFORD, FL 34484

I hereby 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 all other like empowered.

SIGNATURE: SYLVAIN COLLERETTE

P

07/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date