

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000089889

FILED
Apr 18, 2007
Secretary of State

Entity Name: TAPE BACKUP SOLUTIONS, INC.

Current Principal Place of Business:

10490 POLO LAKE DRIVE WEST
307
WELLINGTON, FL 33414 US

New Principal Place of Business:

1906 CAPESIDE CIRCLE
WELLINGTON, FL 33414 US

Current Mailing Address:

10490 POLO LAKE DRIVE WEST
307
WELLINGTON, FL 33414 US

New Mailing Address:

1906 CAPESIDE CIRCLE
WELLINGTON, FL 33414 US

FEI Number: 20-1223840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, JAMIE A
10490 POLO LAKE DRIVE WEST
307
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

ROSS, JAMIE A
1906 CAPESIDE CIRCLE
WELLINGTON, FL 33414 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: JAMIE A ROSS

04/18/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: ROSS, JAMIE A
Address: 10490 POLO LAKE DRIVE WEST # 307
City-St-Zip: WELLINGTON, FL 33414 US

Title: CEO () Delete
Name: ROSS, ANA C
Address: 10490 POLO LAKE DRIVE WEST # 307
City-St-Zip: WELLINGTON, FL 33414 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: ROSS, JAMIE A
Address: 1906 CAPESIDE CIRCLE
City-St-Zip: WELLINGTON, FL 33414 US

Title: CEO (X) Change () Addition
Name: ROSS, ANA C
Address: 1906 CAPESIDE CIRCLE
City-St-Zip: WELLINGTON, FL 33414 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMIE A ROSS

CEO

04/18/2007

Electronic Signature of Signing Officer or Director

Date