2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 29, 2010
Secretary of State

DOCUMENT# P04000098362

Entity Name: ANIMUS SOLUTIONS, INC.

Current Principal Place of Business:

2202 N. WEST SHORE BLVD
SUITE 200
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

2202 N. WEST SHORE BLVD
SUITE 200
TAMPA, FL 33607

New Mailing Address:

FEI Number: 61-1472706 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCLACHLAN, PHARA E
2202 N. WEST SHORE BLVD
SUITE 200
TAMPA, FL 33607 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: C,T
Name: MCLACHLAN, PHARA E
Address: 2202 N WEST SHORE BLVD, STE 200
City-St-Zip: TAMPA, FL 33607

Title: D
Name: MCLACHLAN, SCOTT A
Address: 2202 N. WEST SHORE BLVD., SUITE 200
City-St-Zip: TAMPA, FL 33607

Title: D
Name: LUNDBERG, DEBBIE
Address: 2202 N. WEST SHORE BLVD., SUITE 200
City-St-Zip: TAMPA, FL 33607

Title: CEO
Name: MCLACHLAN, PHARA E
Address: 2202 N. WEST SHORE BLVD., SUITE 200
City-St-Zip: TAMPA, FL 33607

Title: COO
Name: NIELSEN, PETE S
Address: 2202 N. WEST SHORE BLVD., SUITE 200
City-St-Zip: TAMPA, FL 33607

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: PHARA E MCLACHLAN C 06/29/2010

Electronic Signature of Signing Officer or Director — Date