

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 24, 2006 8:00 am
Secretary of State

08-24-2006 90064 017 ***150.00

DOCUMENT # P04000109729

1. Entity Name
SOLUTIONS PLUS REALTY, INC.



Principal Place of Business
**8705 BOYSENBERRY DR
TAMPA, FL 33635**

Mailing Address
**8705 BOYSENBERRY DR
TAMPA, FL 33635**

40101884



DO NOT WRITE IN THIS SPACE

08122006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1434433

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DINDAL, DAVID D
8705 BOYSENBERRY DR
TAMPA, FL 33635**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PS
DINDAL, DAVID D
8705 BOYSENBERRY DR
TAMPA, FL 33635**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
DINDAL, SHARON E
8705 BOYSENBERRY DR
TAMPA, FL 33635**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-14-06

ATTACHMENT

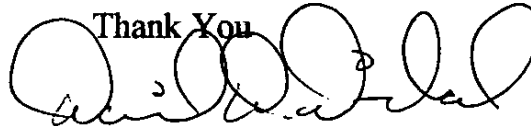
Divisions of Corporations
PO Box 1500
Tallahassee, FL. 32302-1500

40101884
#P04600109729

Solutions Plus Realty, Inc.
8705 Boysenberry Dr.
Tampa, FL. 33635

To Whom It May Concern:

We did not receive any written notice in the mail. If you have any questions please contact us @ 813-855-8468.

Thank You

David D. Dindal

August 14, 2006