


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90227 049 ***150.00

DOCUMENT # P04000122440 1. Entity Name MDI SOLUTIONS, INC.	
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Principal Place of Business 213 CEDARWOOD CT DEBARY, FL 32713 US	Mailing Address 213 CEDARWOOD CT DEBARY, FL 32713 US
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50016626



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04132006 Chg-P CR2E034 (11/05)

4. FEI Number 20-1535069	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent MEYER, MARCI 213 CEDARWOOD CT DEBARY, FL 32713	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table style="width: 100%;"> <tr> <td style="width: 80%;">P MEYER, JEFF</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td colspan="2">213 CEDARWOOD CT DEBARY, FL 32713</td> </tr> </table>	P MEYER, JEFF	<input type="checkbox"/> Delete	213 CEDARWOOD CT DEBARY, FL 32713		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Jeffrey D Meyer Jeffrey D Meyer April 19 2006 386-753-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #