FILED Apr 12, 2007 8:00 am Secretary of State 04-12-2007 90043 008 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000122440 1. Entity Name MDI SOLUTIONS, INC.								
Principal Place of Business Mailing Address 213 CEDARWOOD CT 213 CEDARWOOD CT DEBARY, Ft. 32713 US DEBARY, Ft. 32713 US)58569 	TI KUKU IIRKU KIRIN EKUK BIRKI BIRK	38 8 1 (4 18 5 1
Principal Place of Business - No P.O. Box # Mailing Address								
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.			04032007	Chg-P	CR2E034 (12/06)	
City & State		City & State			4. FEI Numb 20-153		——— <u>—</u>	plied For at Applicable
Zip	Country	Zip	Cour	itry	L	of Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current	Name	7. Name and	Address of New F	legistered Agent			
MEYER, MA 213 CEDAR DEBARY, F	RWOOD CT	Street Address (P.O. Box Number is Not Acceptable)						
				City			FL Zip Cod	e
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								
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 7. Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND		11. TITL		ADDITIONS	/CHANGES TO OFF	ICERS AND DIRECTOR	
NAME I STREET ADDRESS :	MEYER, JEFF 213 CEDARWOOD CT STR						☐ Change	☐ Addition
NAME STREET ADDRESS				RE EET ADORESS	,		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS	DEBARY, FL 32713	(-ST-ZIP E HE EET ADDRESS			☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS		☐ Delete	TITL NAM STR			***************************************	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		E AE EET ADDRESS (*-SI-ZIP			☐ Change	Addition .		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1			☐ Change	☐ Addition
12. I hereby certify that the information supplied with this filling 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 of 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date There have the information of the receiver trustee in the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated 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 of the receiver of trustee 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 of the report of the corporation of the report of the corporation of								