2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 12, 2007 8:00 am Secretary of State

DOCUMENT # P04000132879 1. Entity Name E & F SOLUTIONS INC.							03-12-2007	90371 002	***150	.00	
Principal Place of Business 1611 N 69 AVE HOLLYWOOD, FL 33024			Mailing Address 1611 N 69 AVE HOLLYWOOD, FL 33024			400	40034345				
2. Principal Pl	ace of Business - No	P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03052007	Chg-P	CR2E034	(12/06)		
City & State			City & State			4. FEI Numbe 20-170				plied For t Applicable	
Zip	ip Country		Zìp	Cour	ntry	5. Certificate	of Status Desired		8.75 Addi e Required		
	6. Name and Ad	dress of Current F	Name	7. Name and	Address of New F	Registered Ag	ent				
BLANEY, FREDERICK					Street Address (P.O. Box Number is Not Acceptable)						
1611 N 69 AVE HOLLYWOOD, FL 33024					Silver Address	35 (1 .O. Box Northbe	I IS INO. ACCEPTABLE				
San a					City			-	Zip Code	<u> </u>	
The above named entity submits this statement for the purpose of changing its register.						stored agent, or hot	h in the State of El	FL orida Lam far			
	ions of registered ag		the purpose of chang	iii ig its register	ed office of regi-	stered agent, or box	n, in the State of Fi	onoa. Tanna	TIME WILLI,	and accept	
SIGNATURE_	Signature, typed or printed r	ame of registered agent a	nd title if applicable.	(NOTE: Register	ed Agent signature req	quired when reinstating)		DATE			
FIL	E NOW!!! FEE I ay 1, 2007 Fee			Campaign Fina d Contribution.	ncing (\$5.00 May Be Added to Fees					
10.).	OFFICERS AND I		11.		ADDITIONS/	CHANGES TO OF				
NAME STREET ADDRESS CITY-ST-ZIP	D BLANEY, FREDE 1611 N 69 AVE HOLLYWOOD, F		□ Deleti	NAM S1R				l	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Dete	NAI Str				ļ	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Detel	NAI STF	1			(Change	Addilion	
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NAME STREET ADDRESS CITY-ST-ZIP			□ Delet	NA Str Cit	ME Reet address Y-St-Zip				□ Change	Addition	
I 12. I hereby	certify that the inform	ation sumplied with	this filing does not as	inlife for the a	vomptions costs	sined in Chapter 119	Clarida Statuton	I further earlif	i that tha i	~ f~ +:	

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:

VAR AND TYPED OR PRINTED NAME OF STORING OFFICER OR DIRECTOR

3-6-07

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