

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000147750

Entity Name: SCIF SOLUTIONS, INC.

FILED
Feb 06, 2009
Secretary of State

Current Principal Place of Business:

973 SANDSTONE DRIVE
ORANGE PARK, FL 32065

New Principal Place of Business:

Current Mailing Address:

973 SANDSTONE DR
ORANGE PARK, FL 32065

New Mailing Address:

FEI Number: 86-1118830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAQUIN, BRUCE J PRES
973 SANDSTONE DRIVE
ORANGE PARK, FL 32065 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: PAQUIN, BRUCE J
Address: 973 SANDSTONE DRIVE
City-St-Zip: ORANGE PARK, FL 32065

Title: CFO () Delete
Name: AMUNRUD, LAUREN
Address: 913 SANDSTONE DR.
City-St-Zip: ORANGE PARK, FL 32065

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BRUCE J. PAQUIN SR., PRESIDENT
Address: 973 SANDSTONE DRIVE
City-St-Zip: ORANGE PARK, FL 32065

Title: S/T (X) Change () Addition
Name: LAUREN AMUNRUD, SECR, ETARY/TREASURE R
Address: 973 SANDSTONE DR.
City-St-Zip: ORANGE PARK, FL 32065

Title: COO () Change (X) Addition
Name: BRUCE J. PAQUIN JR., CHIEF OPER OF F ICER
Address: 973 SANDSTONE DR.
City-St-Zip: ORANGE PARK, FL 32065

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BRUCE J. PAQUIN SR.

PRES

02/06/2009

Electronic Signature of Signing Officer or Director

_____ Date