

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000009442

Entity Name: CMH SOLUTIONS, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

1665 PALM BEACH LAKES BLVD.
530
WEST PALM BEACH, FL 33401

Current Mailing Address:

1665 PALM BEACH LAKES BLVD.
530
WEST PALM BEACH, FL 33401

New Principal Place of Business:

6917 VISTA PARKWAY
#2
WEST PALM BEACH, FL 33411

New Mailing Address:

6917 VISTA PARKWAY
#2
WEST PALM BEACH, FL 33411

FEI Number: 20-2191174

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMITSES, JOHN G
1665 PALM BEACH LAKES BLVD.
530
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

SIMITSES, JOHN G
6917 VISTA PARKWAY
#2
WEST PALM BEACH, FL 33411 US

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:

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SIMITSES, JOHN G
Address: 1665 PLAM BEACH LAKES BLVD., 530
City-St-Zip: WEST PALM BEACH, FL 33401

Title: STD () Delete
Name: SLEY, DWIGHT
Address: 1665 PALM BEACH LAKES BLVD., 530
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SIMITSES, JOHN G
Address: 6917 VISTA PARKWAY, #2
City-St-Zip: WEST PALM BEACH, FL 33411

Title: STD (X) Change () Addition
Name: SLEY, DWIGHT
Address: 6917 VISTA PARKWAY, #2
City-St-Zip: WEST PALM BEACH, FL 33411

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: JOHN G. SIMITSES

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date