2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000015887

1. Entity Name
PLUSONE SOLUTIONS, INC.

Principal Place of Business	Mailing Address
30 WINDSOMERE WAY Y SUITE 300 OVIEDO, FL 32765	30 WINDSOMERE WAY Y SUITE 300 OVIEDO, FL 32765

DO NOT WRITE IN THIS SPACE

04092008   No Chg-P   CR2E034 (11/05)

4. FEI Number 20-2256595	Applied For
	Not Applicable

5. Certificate of Status Desired ☑   **$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

REILLY, RICHARD C
1675 WINGSPAN WAY
WINTER SPRINGS, FL 32708

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	CPD
NAME	REILLY, RICHARD C
STREET ADDRESS	1675 WINGSPAN WAY
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	D
NAME	MENDITCH, FRANK
STREET ADDRESS	15610 THISTLE BRIDGE DR
CITY-ST-ZIP	ROCKVILLE, MD 20853
TITLE	VP
NAME	DINUCCI, SCOTT C
STREET ADDRESS	211 PARKWAY DRIVE
CITY-ST-ZIP	BOISE, ID 83706
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   4/11/08   407 359 5939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #