2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P05000015887

Entity Name: PLUSONE SOLUTIONS, INC.

Current Principal Place of Business:

30 WINDSORMERE WAY
SUITE 300
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

30 WINDSORMERE WAY
SUITE 300
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 20-2256595 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

REILLY, RICHARD C
30 WINDSORMERE WAY
SUITE 300
OVIEDO, FL 32765 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: CPD ( ) Delete
Name: REILLY, RICHARD C
Address: 1675 WINGSPAN WAY
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D ( ) Delete
Name: MENDITCH, FRANK
Address: 15610 THISTLE BRIDGE DR
City-St-Zip: ROCKVILLE, MD 20853

Title: VP ( ) Delete
Name: DINUCCI, SCOTT C
Address: 211 PARKWAY DRIVE
City-St-Zip: BOISE, ID 83706

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: BOYKIN, EDWARD P MR.
Address: 14 VIA MARINO
City-St-Zip: PALM COAST, FL 32137 US

Title: D ( ) Change (X) Addition
Name: KERR, KIM MR.
Address: 11469 SO. CAMDEN LANE
City-St-Zip: DRAPER, UT 08042 US

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: RICHARD CRAIG REILLY CPD 04/29/2009

Electronic Signature of Signing Officer or Director — Date