

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90064 021 ***150.00

DOCUMENT # P05000040417					
1. Entity Name ORGANIC SOLUTIONS, INC.					
Principal Place of Business 425 CLEVELAND STREET CLEARWATER, FL 33755			Mailing Address 411 CLEVELAND STREET #188 CLEARWATER, FL 33755		
2. Principal Place of Business - No P.O. Box # 411 CLEVELAND ST.			3. Mailing Address		
Suite, Apt. #, etc. # - 188			Suite, Apt. #, etc.		
City & State CLEARWATER, FL		City & State		4. FEI Number 20-2510999	
Zip 33755		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FINLEY, FLETCHER & PILCH, LLP 1221 ROGERS STREET SUITE B CLEARWATER, FL 33756				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____	
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 _____ (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 <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME SHILLINGTON, IAN		<input type="checkbox"/> Delete		
STREET ADDRESS 411 CLEVELAND STREET, # - 188	CITY-ST-ZIP CLEARWATER, FL 33755		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE V	NAME SHILLINGTON, VALORIE		<input type="checkbox"/> Delete		
STREET ADDRESS 411 CLEVELAND STREET, # - 188	CITY-ST-ZIP CLEARWATER, FL 33755		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE S	NAME SHILLINGTON, BRYAN		<input type="checkbox"/> Delete		
STREET ADDRESS 411 CLEVELAND STREET, # - 188	CITY-ST-ZIP CLEARWATER, FL 33755		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		

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 lines empowered.

SIGNATURE: PD IAN SHILLINGTON 4/4/8. 727-447-5282