

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000040417

Entity Name: ORGANIC SOLUTIONS, INC.

**FILED**  
**Apr 22, 2008**  
**Secretary of State**

## **Current Principal Place of Business:**

411 CLEVELAND ST.  
#-188  
CLEARWATER, FL 33755

## **New Principal Place of Business:**

## **Current Mailing Address:**

411 CLEVELAND STREET  
#188  
CLEARWATER, FL 33755

## **New Mailing Address:**

FEI Number: 20-2510999

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

FINLEY, FLETCHER & PILCH, LLP  
1221 ROGERS STREET  
SUITE B  
CLEARWATER, FL 33756 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

## **OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SHILLINGTON, IAN  
Address: 411 CLEVELAND STREET, # - 188  
City-St-Zip: CLEARWATER, FL 33755

Title: V ( ) Delete  
Name: SHILLINGTON, VALORIE  
Address: 411 CLEVELAND STREET, # - 188  
City-St-Zip: CLEARWATER, FL 33755

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: S ( ) Change (X) Addition  
Name: SHILLINGTON, BRYAN  
Address: 411 CLEVELAND ST, # - 188  
City-St-Zip: CLEARWATER, FL 33755

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: IAN SHILLINGTON

PD

04/22/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date