

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000075751

FILED
Jan 17, 2007
Secretary of State

Entity Name: COMPLETE APPS SOLUTIONS INC.

Current Principal Place of Business:

215 LAGO CIRCLE #106
WEST MELBOURNE, FL 32904 US

Current Mailing Address:

215 LAGO CIRCLE #106
WEST MELBOURNE, FL 32904 US

New Principal Place of Business:

#305 478 E ALTAMONTE DR
108
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

#305 478 E ALTAMONTE DR
108
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 20-2899638

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GAJJELA, SUNITHA
12209 WINDRIVER LANE #9
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

GAJJELA, SUNITHA
#305 478 E ALTAMONTE DR
108
ALTAMONTE SPRINGS, FL 32701 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: SUNITHA GAJJELA

01/17/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: GAJJELA, SUNITHA
Address: 12209 WINDRIVER LANE #9
City-St-Zip: HUDSON, FL 34667 US

Title: VP (X) Delete
Name: GAVVALA, AKHILA
Address: 215 LAGO CIRCLE #106
City-St-Zip: WEST MELBOURNE, FL 32904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: GAJJELA, SUNITHA
Address: #305 ALTAMONTE DR #108
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SUNITHA GAJJELA

PS

01/17/2007

Electronic Signature of Signing Officer or Director

Date