

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000101508

Entity Name: COMMODITY SOLUTIONS, INC.

FILED
Jul 30, 2007
Secretary of State

Current Principal Place of Business:

106 E 1 ST STE 260
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

106 E 1 ST STE 260
SANFORD, FL 32771

New Mailing Address:

FEI Number: 20-3171247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARK H. HUTCHISON ESQ.
1101 W. FIRST STREET
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

TRACEY DRISCOLL
106 E. FIRST STREET
SANFORD, FL 32771 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: TRACEY DRISCOLL

07/30/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DRISCOLL, TRACEY L
Address: 106 E 1 ST STE 260
City-St-Zip: SANFORD, FL 32771

Title: VP (X) Delete
Name: DRISCOLL, SHANNON F
Address: 106 E 1 ST STE 260
City-St-Zip: SANFORD, FL 32771

Title: TR (X) Delete
Name: STRICKLAND, CARLY
Address: 106 E 1 ST STE 260
City-St-Zip: SANFORD, FL 32771

Title: S (X) Delete
Name: MORGAN, BONNYE
Address: 106 E 1 ST STE 260
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,VP (X) Change () Addition
Name: DRISCOLL, TRACEY L
Address: 106 E 1 ST STE 260
City-St-Zip: SANFORD, FL 32771

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

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

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

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: TRACEY DRISCOLL

P

07/30/2007

Electronic Signature of Signing Officer or Director

Date