

2007 FOR PROFIT CORPORATION ANNUAL REPORT

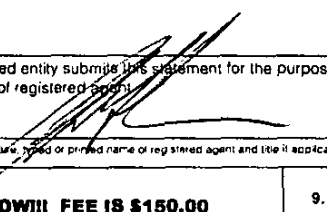
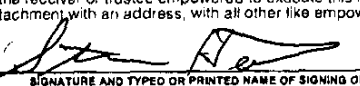
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03232007 Chg-P CR2E034 (12/06) 07

DOCUMENT # P05000108175			
1. Entity Name PAGOSA SOLUTIONS, INC.			
Principal Place of Business 322 E CENTRAL BLVD #703 ORLANDO, FL 32801		Mailing Address 322 E CENTRAL BLVD #703 ORLANDO, FL 32801	
2. Principal Place of Business - No P.O. Box # 978 Summer Forest Drive		3. Mailing Address 978 Summer Forest Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Suwanee, GA 30024		City & State Suwanee, GA 30024	
Zip 30024	Country USA	Zip 30024	Country USA
4. FEI Number 20-3234545		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOUTH, LINDA H 322 E CENTRAL BLVD #703 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Charles R. Gardner Street Address (P.O. Box Number is Not Acceptable) 1300 Thomaswood Drive City Tallahassee FL Zip Code 32308	
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  DATE April 25, 2007 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SOUTH, LINDA H 322 E CENTRAL BLVD #703 ORLANDO, FL 32801 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Steve Helton 978 Summer Forest Drive Suwanee, GA 30024 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 like empowered.			
SIGNATURE:  Steve Helton		Date 3/27/07 770 377-1756	