2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 APR 30 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000108175

1. Entity Name
PAGOSA SOLUTIONS, INC.

Principal Place of Business	Mailing Address
322 E CENTRAL BLVD #703 ORLANDO, FL 32801	322 E CENTRAL BLVD #703 ORLANDO, FL 32801

03232007 Chg-P CR2E034 (12/06) 07

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
978 Summer Forest Drive	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	7. Name and Address of New Registered Agent
SOUTH, LINDA H 322 E CENTRAL BLVD #703 ORLANDO, FL 32801	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 _____ April 25, 2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 like empowered.

SIGNATURE: _____ Steve Helton 3/27/07 770 377-1756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #