


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2006 8:00 am**  
**Secretary of State**

05-16-2006 90020 041 \*\*\*158.75

<b>DOCUMENT # P05000120210</b> 1. Entity Name <b>MYSUNBELT SOLUTIONS, INC.</b>					
Principal Place of Business <b>151 SOUTHHALL LANE SUITE 240 MAITLAND, FL 32751 US</b>			Mailing Address <b>151 SOUTHHALL LANE SUITE 240 MAITLAND, FL 32751 US</b>		
2. Principal Place of Business <b>116 STONE GABLE CIRCLE</b> Suite, Apt. #, etc.		3. Mailing Address <b>116 STONE GABLE CIRCLE</b> Suite, Apt. #, etc.			
City & State <b>WINTER SPRINGS, FL</b> Zip <b>32708</b> Country <b>US</b>		City & State <b>WINTER SPRINGS, FL</b> Zip <b>32708</b> Country <b>US</b>		4. FEI Number <b>20-3387141</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>RALL, JEFF JR 151 SOUTHHALL LANE SUITE 240 MAITLAND, FL 32751</b>			7. Name and Address of New Registered Agent Name <b>JEFF RALL</b> Street Address (P.O.-Box Number is Not Acceptable) <b>116 STONE GABLE CIRCLE</b> City <b>WINTER SPRINGS</b> FL Zip Code <b>32708</b>		
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 <u><i>Jeff Rall Jr</i></u> (NOTE: Registered Agent signature required when re-registering) DATE <u><i>May 14, 2006</i></u>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST RALL, JEFF JR 151 SOUTHHALL LANE SUITE 240 MAITLAND, FL 32751</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>116 STONE GABLE CIRCLE WINTER SPRINGS, FL 32708</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RALL, JEFF JR 151 SOUTHHALL LANE SUITE 240 MAITLAND, FL 32751</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>116 STONE GABLE CIRCLE WINTER SPRINGS, FL 32708</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Jeff Rall Jr</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u><i>May 14, 2006</i></u> <b>412 983829</b> <small>Daytime Phone #</small>		