2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000155136

Entity Name: SUPPLY SOLUTIONS, INC.

FILED Apr 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2800 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32805

Current Mailing Address: New Mailing Address:

2800 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32805

FEI Number: 20-4125069 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JUSAKOS, YANI TORO, JOHAN

2800 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805 US
2800 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805 US
ORLANDO, FL 32805 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: JOHAN TORO 04/27/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: VP (X) Change () Addition

Name: JUSAKOS, YANI Name: TORO, JOHAN

Address: 2800 S. ORANGE BLOSSOM TRAIL Address: 2800 S. ORANGE BLOSSOM TRAIL

City-St-Zip: ORLANDO, FL 32805 City-St-Zip: ORLANDO, FL 32805

Name: MILLS, BRYAN Name: MILLS, BRYAN

Address: 2800 S. ORANGE BLOSSOM TRAIL Address: 2800 S. ORANGE BLOSSOM TRAIL

City-St-Zip: ORLANDO, FL 32805 City-St-Zip: ORLANDO, FL 32805

Title: DST (X) Delete Title: () Change () Addition

 Name:
 CASTILLO, DAVID
 Name:

 Address:
 2800 S. ORANGE BLOSSOM TRAIL
 Address:

 City-St-Zip:
 ORLANDO, FL 32805
 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: BRYAN MILLS P 04/27/2007