2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000163137

Entity Name: LIGHTSPEED COMPUTER SOLUTIONS, INC

FILED Apr 27, 2011 Secretary of State

Current Principal Place of Business: 1458 OCEAN SHORE BLVD. #150 ORMOND BEACH, FL 32176 Current Mailing Address: 1458 OCEAN SHORE BLVD. #150 ORMOND BEACH, FL 32176 FEI Number: 20-3938070 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: SOLOMON, SALLY A 951 HEARTHSIDE CT JACKSONVILLE, FL 32221 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: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: Title: P Name: LEARN, ERIC A Address: 104 STANDISH DR. GlyS-SL-Zip: ORMOND BEACH, FL 32176		LIGITION	ELD CONT OTER COLOTICE	10 , 11 10 .		
#150 ORMOND BEACH, FL 32176 Current Mailing Address: 1458 OCEAN SHORE BLVD. #150 ORMOND BEACH, FL 32176 FEI Number: 20-3938070 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: SOLOMON, SALLY A 951 HEARTHSIDE CT JACKSONVILLE, FL 32221 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: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: Title: P Name: LEARN, ERIC A Address: 104 STANDISH DR.	Current Principal Place of Business:			New Principal Place of Business:		
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Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: Title: P Name: LEARN, ERIC A Address: 104 STANDISH DR.			submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
OFFICERS AND DIRECTORS: Title: P Name: LEARN, ERIC A Address: 104 STANDISH DR.	SIGNATUF	RE:				
Title: P Name: LEARN, ERIC A Address: 104 STANDISH DR.		Electron	nic Signature of Registered Ag	ent	Date	
Name: LEARN, ERIC A Address: 104 STANDISH DR.	OFFICERS	S AND DIREC	TORS:			
Title: VP	Name: Address: City-St-Zip:	LEARN, ERIC / 104 STANDISH ORMOND BEA	IDR.			

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I hereby 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 all other like empowered.

SIGNATURE: ERIC LEARN P 04/27/2011