

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000163856

FILED
Mar 24, 2009
Secretary of State

Entity Name: NEXT LEVEL INFORMATION SOLUTIONS OF ORLANDO, INC.

Current Principal Place of Business:

5575 HL SMITH RD
HAINES CITY, FL 33844

New Principal Place of Business:

5575 HL SMITH RD
HAINES CITY, FL 33844 US

Current Mailing Address:

5575 HL SMITH RD
HAINES CITY, FL 33844

New Mailing Address:

PO BOX 4756
HAINES CITY, FL 33845 US

FEI Number: 65-1265168

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEIDENFELLER, JEFFREY
5575 HL SMITH RD
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DORIS, GEORGE
Address: 7715 NW 48 ST #310
City-St-Zip: MIAMI, FL 33166

Title: D () Delete
Name: WEIDENFELLER, JEFFREY
Address: 700 CENTRAL AVE #203
City-St-Zip: ST PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JEFFREY WEIDENFELLER

D

03/24/2009

Electronic Signature of Signing Officer or Director

Date