

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90029 031 \*\*\*150.00

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| <b>DOCUMENT # P05000163900</b><br>1. Entity Name<br><b>START TO FINISH SOLUTIONS, INC</b>  |   |   |   |   |  |
| Principal Place of Business<br><b>6707 NW 73RD STREET TAMARAC, FL 33321</b>  |   |   |   | Mailing Address<br><b>4699 N. Dixie Highway TAMARAC, FL 33321</b>   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>4699 N. Dixie Hwy</b>   |   |   |   | 3. Mailing Address<br><b>4699 N. Dixie Hwy</b>  |  |
| Suite, Apt. #, etc.<br><b>unit 33</b>  |   |   |   | Suite, Apt. #, etc.<br><b>unit 33</b>   |  |
| City & State<br><b>Deerfield Beach, FL</b>   |   |   |   | City & State<br><b>Deerfield Beach, FL</b>  |  |
| Zip<br><b>33064</b>  |   | Country<br><b>USA</b>   |   | Zip<br><b>33064</b>   |  |
| Country<br><b>USA</b>  |   | 4. FEI Number<br><b>20-4160311</b>  |   |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |   | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ROBINSON, STACEY-JOY N</b><br><b>6707 NW 73RD STREET</b><br><b>TAMARAC, FL 33321</b>   |   |   |   | 7. Name and Address of New Registered Agent<br>Name <b>Stacey-Joy N. Robinson</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>6755 NW 70 Ave</b><br>City <b>Tamarac</b> <b>FL</b> Zip Code <b>33301</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.<br>SIGNATURE <u><i>Stacey J. Robinson</i></u> DATE <u>5/1/07</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11               |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br><b>ROBINSON, STACEY JOY N</b><br><b>6707 NW 73 STREET</b><br><b>TAMARAC, FL 33321</b> <input type="checkbox"/> Delete                |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | CEO<br><b>ROBINSON, STACEY JOY N</b><br><b>6707 NW 73RD STREET</b><br><b>TAMARAC, FL 33321</b> <input checked="" type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>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>Stacey J. Robinson</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |   | <u>5/1/07 (954) 304 0200</u><br><small>Date Daytime Phone #</small> |   |  |