
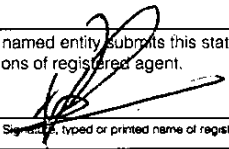
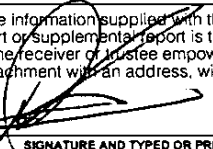


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90143 028 ***150.00

DOCUMENT # P06000017936																																																											
1. Entity Name NEW SOLUTIONS PRODUCTS, INC.																																																											
Principal Place of Business 1130 CLEVELAND STREET SUITE 210 CLEARWATER, FL 33755 US			Mailing Address 1130 CLEVELAND STREET SUITE 210 CLEARWATER, FL 33755 US																																																								
2. Principal Place of Business - No P.O. Box # 401 B Yelvington Ave Suite, Apt. #, etc.		3. Mailing Address 401 B Yelvington Ave Suite, Apt. #, etc.																																																									
City & State Clearwater FL		City & State Clearwater FL		4. FEI Number 20-4262166																																																							
Zip 33755 Country		Zip 33755 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																							
6. Name and Address of Current Registered Agent SINGER, DAVID 1130 CLEVELAND STREET SUITE 210 CLEARWATER, FL 33755			7. Name and Address of New Registered Agent Name <u>Singer, David</u> Street Address (P.O. Box Number is Not Acceptable) <u>401 B Yelvington Ave</u> City <u>Clearwater</u> FL Zip Code <u>33755</u>																																																								
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 		Dr. David Singer		4/22/08																																																							
(NOTE: Registered Agent signature required when reinstating)		DATE		FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00																																																							
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 33%; padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 33%; padding: 5px;"> D.P SINGER, DAVID 1130 CLEVELAND STREET, SUITE 210 CLEARWATER, FL 33755 </td> <td style="width: 33%; padding: 5px; text-align: right;"> <input type="checkbox"/> Delete </td> <td style="width: 33%; padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 33%; padding: 5px;"> D.P Singer, David 401 B Yelvington Ave. Clearwater, FL 33755 </td> <td style="width: 33%; padding: 5px; text-align: right;"> <input checked="" type="checkbox"/> Change address only <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="6" style="height: 40px;"></td></tr> <tr><td colspan="6" style="height: 40px;"></td></tr> <tr><td colspan="6" style="height: 40px;"></td></tr> <tr><td colspan="6" style="height: 40px;"></td></tr> <tr><td colspan="6" style="height: 40px;"></td></tr> <tr><td colspan="6" style="height: 40px;"></td></tr> <tr><td colspan="6" style="height: 40px;"></td></tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P SINGER, DAVID 1130 CLEVELAND STREET, SUITE 210 CLEARWATER, FL 33755	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P Singer, David 401 B Yelvington Ave. Clearwater, FL 33755	<input checked="" type="checkbox"/> Change address only <input type="checkbox"/> Addition																																										
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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: 		Dr. David Singer		4/22/08 727-443-7008																																																							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #																																																							