

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90106 028 ***150.00

DOCUMENT # P06000018090

1. Entity Name
TAILORED SOLUTIONS, INC.



Principal Place of Business Mailing Address
 7000 BEACH PLAZA #905 7000 BEACH PLAZA #905
 ST.PETERSBURG BEACH, FL 33706 US ST.PETERSBURG BEACH, FL 33706 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 275 Bayshore Blvd. 301 W. Platt Street
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 # 1804 # 154

City & State City & State
 Tampa, FL Tampa, FL
 Zip Country Zip Country
 33606 U.S.A. 33606 U.S.A.

01252007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
 20-4287630 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILCETIC, MARYANNE D
 7000 BEACH PLAZA #905
 ST. PETERSBURG BEACH, FL 33706

7. Name and Address of New Registered Agent

Name Milcetic, Maryanne D.
 Street Address (P.O. Box Number is Not Acceptable)
 275 Bayshore Blvd. #1804
 City Tampa FL Zip Code 33606

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: *M. D. Milcetic* DATE: 3/12/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILCETIC, MARYANNE D ?	NAME	Milcetic, Maryanne D.
STREET ADDRESS	7000 BEACH PLAZA #905	STREET ADDRESS	301 W. Platt Street # 154
CITY-ST-ZIP	ST.PETERSBURG BEACH, FL 33706	CITY-ST-ZIP	Tampa, FL 33606
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *M. D. Milcetic* DATE: 3/12/07 (813) 751-9295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #