


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 7000 BEACH PLAZA #905 ST.PETERSBURG BEACH, FL 33706 US	Mailing Address 7000 BEACH PLAZA #905 ST.PETERSBURG BEACH, FL 33706 US
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2. Principal Place of Business - No P.O. Box # 275 Bayshore Blvd.	3. Mailing Address 301 W. Platt Street
Suite, Apt. #, etc. # 1804	Suite, Apt. #, etc. # 154
City & State Tampa, FL	City & State Tampa, FL
Zip 33606	Country U.S.A.

00060047



01252007 Chg-P CR2E034 (12/06)

4. FEI Number 20-4287630		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILCETIC, MARYANNE D 7000 BEACH PLAZA #905 ST.PETERSBURG BEACH, FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Milcetic, Maryanne D. 301 W. Platt Street # 154 Tampa, FL 33606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: *M. D. Milcetic* DATE 3/12/07 (813) 751-9295

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