## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000025399

Entity Name: FEDERAL RETIREMENT SOLUTIONS, INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

474319 E STATE RD 200 85262 SHINNECOCK HILLS DRIVE FERNANDINA BEACH, FL 32034 FERNANDINA BEACH, FL 32034

Current Mailing Address: New Mailing Address:

474319 E STATE RD 200 P. O. BOX 15999

FERNANDINA BEACH, FL 32034 FERNANDINA BEACH, FL 32035

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WEEKS, DONALD R CPA

1405 OARK AVE SUITE 102

FERNANDINA BEACH, FL 32034 US

WEEKS, DONALD R CPA

1405 PARK AVE SUITE 102

FERNANDINA BEACH, FL 32034 US

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: 04/30/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 REYNOLDS, H ALLAN
 Name:
 REYNOLDS, H ALLAN

 Address:
 474319 E STATE RD 200
 Address:
 P. O. BOX 15999

City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: FERNANDINA BEACH, FL 32035

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: H. ALLAN REYNOLDS D 04/30/2007

Electronic Signature of Signing Officer or Director

Date