

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000032241

FILED
Mar 28, 2008
Secretary of State

Entity Name: HIGHPOINT TECHNOLOGY SOLUTIONS, INC.

Current Principal Place of Business:

1595 SE POMEROY STREET
STUART, FL 34997

New Principal Place of Business:

10642 SW GINGERMILL DR.
PORT SAINT LUCIE, FL 34987

Current Mailing Address:

1595 SE POMEROY STREET
STUART, FL 34997

New Mailing Address:

10642 SW GINGERMILL DRIVE
PORT SAINT LUCIE, FL 34987

FEI Number: 20-4414534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, JOHN G
1595 SE POMEROY STREET
STUART, FL 34997 US

Name and Address of New Registered Agent:

ADAMS, JOHN G
10642 SW GINGERMILL DRIVE
PORT SAINT LUCIE, FL 34987 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: JOHN G ADAMS

03/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ADAMS, JOHN G
Address: 1595 SE POMEROY STREET
City-St-Zip: STUART, FL 34997

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ADAMS, JOHN G
Address: 10642 SW GINGERMILL DR
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: DIR () Change (X) Addition
Name: GEORGE, AMALOR
Address: 10642 SW GINGERMILL DR
City-St-Zip: PORT SAINT LUCIE, FL 34987

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: JOHN ADAMS

P

03/28/2008

Electronic Signature of Signing Officer or Director

Date