


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90030 043 \*\*\*150.00

<b>DOCUMENT # P06000042198</b> 1. Entity Name <b>ECLECTIC BUSINESS SOLUTIONS, INC.</b>					
Principal Place of Business <b>720 N.E. 69TH-105 MIAMI, FL 33138</b>			Mailing Address <b>720 N.E. 69TH-105 MIAMI, FL 33138</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>12881 Cocoa Pine Drive</b>  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State <b>Boynton Beach, Florida</b>  Zip      Country <b>33436</b>		4. FEI Number <b>20-4581211</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01262008      Chg-P      CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>POWELL, NORMAN C 17100 N.E. 19TH AVE NORTH MIAMI BEACH, FL 33162</b>			7. Name and Address of New Registered Agent Name <b>Barbara Carey-Shuler</b> Street Address (P.O. Box Number is Not Acceptable) <b>12881 Cocoa Pine Drive</b>  City <b>Boynton Beach,</b> <b>FL</b> Zip Code <b>33436</b>		
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 <u>Barbara Carey-Shuler</u> DATE <u>1/29/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <b>CAREY-SHULER, BARBARA</b> <input type="checkbox"/> Delete <b>720 NE 69TH STREET, PALM BAY TOWERS -10 S.</b> <b>MIAMI, FL 33138</b>		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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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 <u>Barbara Carey-Shuler</u>			1/29/08      (786) 229-8356		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					