2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# P06000045408

Entity Name: ADAPTIVE PROJECT SOLUTIONS, INC

Current Principal Place of Business:	**New Principal Place of Business:**
13846 ATLANTIC BOULEVARD #111 JACKSONVILLE, FL 32225	1031 1ST STREET UNIT 604 JACKSONVILLE BEACH, FL 32250

Current Mailing Address:	**New Mailing Address:**
13846 ATLANTIC BOULEVARD #111 JACKSONVILLE, FL 32225	1031 1ST STREET UNIT 604 JACKSONVILLE BEACH, FL 32250

FEI Number: 20-4568419 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
STEFFEN, CRAIG E 13846 ATLANTIC BOULEVARD #111 JACKSONVILLE, FL 32225 US	STEFFEN, CRAIG E 1031 1ST STREET JACKSONVILLE BEACH, FL 32250 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: ______________________________ 03/23/2009

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:		**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**	
Title:	CEO ( ) Delete	Title:	CEO (X) Change ( ) Addition
Name:	STEFFEN, CRAIG E	Name:	STEFFEN, CRAIG E
Address:	13846 ATLANTIC BOULEVARD #111	Address:	1031 1ST STREET #604
City-St-Zip:	JACKSONVILLE, FL 32225	City-St-Zip:	JACKSONVILLE BEACH, FL 32250
Title:	P ( ) Delete	Title:	( ) Change ( ) Addition
Name:	MITCHELL, DOUGLAS R	Name:	
Address:	525 DUNALLY COURT	Address:	
City-St-Zip:	ALPHARETTA, GA 30022	City-St-Zip:	

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: CRAIG E STEFFEN CEO 03/23/2009

Electronic Signature of Signing Officer or Director — Date