2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# P06000046640

Entity Name: MINNOVATIVE SOLUTIONS INC.

Current Principal Place of Business:

2817 NE 4TH AVE
CAPE CORAL, FL 33909

New Principal Place of Business:

11812 SW 16TH STREET
PEMBROKE PINES, FL 33025

Current Mailing Address:

2817 NE 4TH AVE
CAPE CORAL, FL 33909

New Mailing Address:

11812 SW 16TH STREET
PEMBROKE PINES, FL 33025

FEI Number: 14-1956305 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOMEZ, NELSON M PRESIDE
2817 NE 4TH AVE
CAPE CORAL, FL 33909 US

Name and Address of New Registered Agent:

LANGONE, MARIA VP
11812 SW 16TH STREET
PEMBROKE PINES, FL 33025 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: MARIA LANGONE 05/01/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: SEC ( ) Delete
Name: LANGONE, MARIA
Address: 2817 NE 4TH AVE
City-St-Zip: CAPE CORAL, FL 33909

Title: PRES ( ) Delete
Name: GOMEZ, NELSON MIGUEL
Address: 2817 NE 4TH AVE
City-St-Zip: CAPE CORAL, FL 33909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: LANGONE, MARIA
Address: 11812 SW 16TH STREET
City-St-Zip: PEMBROKE PINES, FL 33025

Title: PRES (X) Change ( ) Addition
Name: GOMEZ, NELSON MIGUEL
Address: 11812 SW 16TH STREET
City-St-Zip: PEMBROKE PINES, FL 33025

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: MARIA LANGONE VP 05/01/2009
Electronic Signature of Signing Officer or Director Date