## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000069854

Entity Name: LENERNET SOLUTIONS, INC.

FILED Apr 30, 2007 Secretary of State

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

7390 SW 107TH AVE APT 2308 11392 SW 66TH STREET MIAMI, FL 33173 US MIAMI, FL 33173 US

Current Mailing Address: New Mailing Address:

7390 SW 107TH AVE APT 2308 11392 SW 66TH STREET MIAMI, FL 33173 US MIAMI, FL 33173 US

FEI Number: 16-1761268 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

 SIMON, LEONARD
 SIMON, LEONARD

 7390 SW 107TH AVE APT 2308
 11392 SW 66TH STREET

 MIAMI, FL 33173
 US

 MIAMI, FL 33173
 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: LEONARD SIMON 04/30/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P/VP () Delete
 Title:
 P/VP (X) Change () Addition

 Name:
 SIMON, LEONARD
 Name:
 SIMON, LEONARD

 Address:
 7390 SW 107TH AVE APT 2308
 Address:
 11392 SW 66TH STREET

City-St-Zip: MIAMI, FL 33173 US City-St-Zip: MIAMI, FL 33173 US

Title: S/T ( ) Delete Title: S/T (X) Change ( ) Addition Name: SIMON, LEONARD Name: SIMON, LEONARD

 Address:
 7390 SW 107TH AVE APT 2308
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 MIAMI, FL 33173 US
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Title: D ( ) Delete Title: D (X) Change ( ) Addition

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 SIMON, LEONARD
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 City-St-Zip:
 MIAMI, FL 33173 US

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: LEONARD SIMON LS 04/30/2007