


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90021 019 ***158.75

DOCUMENT # P06000088505 1. Entity Name BACK SOLUTIONS, INC.					
Principal Place of Business 30725 US 19 N. PALM HARBOR, FL 34684			Mailing Address 30725 US 19 N. PALM HARBOR, FL 34684		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01122007 Chg-P CR2E034 (12/06)	
4. FEI Number <div style="text-align: center; font-size: 1.2em;">83-0462104</div>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAREY, GAIL E 30725 US 19 N. PALM HARBOR, FL 34684			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px;">FL</div> <div style="border: 1px solid black; padding: 2px;">Zip Code</div> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAREY, GAIL E P.O. BOX 1143 ELFERS, FL 34680	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAREY, GAIL E P.O. BOX 1143 ELFERS, FL 34680	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAREY, GAIL E P.O. BOX 1143 ELFERS, FL 34680	<input type="checkbox"/> Delete			
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 another like empowered.					
SIGNATURE: <i>Gail E. Carey, Pres</i>		2-20-07		727-781-7800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <div style="text-align: center; font-size: 1.2em;">Gail E. Carey</div>		Date		Daytime Phone #	