2007 FOR PROFIT CORPORATION

Apr 16, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P06000113136** 04-16-2007 90052 046 ***150.00 1. Entity Name PROMETHEAN BUSINESS SOLUTIONS CORPORATION Principal Place of Business Mailing Address <u>بر</u> 904 PARK VIEW DRIVE PO BOX 488 TALLAHASSEE, FL 32302-0488 TALLAHASSEE, FL 32311 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03282007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For *03-0603*82*0* Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BILLUPS-SELBY, TANGELA J 904 PARK VIEW DRIVE Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32311 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE □ Delete TITLE ☐ Change Addition BILLUPS-SELBY, TANGELA J COO CEO NAME NAME STREET ADDRESS **PO BOX 488** STREET ADDRESS TALLAHASSEE, FL 323020488 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete THILE ☐ Change ☐ Addition NAME SELBY, DANIEL DICFO NAME STREET ADDRESS **PO BOX 488** STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 323020488 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition SELBY, NYLA D NAME NAME STREET ADDRESS PO BOX 488 STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 323020488 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME SELBY, TIYE A NAME STREET ADDRESS PO BOX 488 STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 323020488 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition SELBY, ADAM J NAME NAME STREET ADDRESS **PO BOX 488** STREET ADDRESS CITY-ST-ZIE TALLAHASSEE, FL 323020488 CITY-ST-ZIP TITLE ... Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7/P

TURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR *450-878-98*59

FILED