2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000136594

FILED Apr 16, 2007 Secretary of State

Entity Name: INTERLING SOLUTIONS, INC. **Current Principal Place of Business: New Principal Place of Business:** 1485 INTERNATIONAL PARKWAY **SUITE 1071** HEATHROW, FL 32746 **Current Mailing Address: New Mailing Address:** 1485 INTERNATIONAL PARKWAY **SUITE 1071** HEATHROW, FL 32746 FEI Number: 20-5795198 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: MAHAFFEY, JOHN D JR MAHAFFEY, JOHN D JR 3113 LAWTON RD SUITE 225 2461 W STÁTE RD #1001 ORLANDO, FL 32803 OVIEDO, FL 32765 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: 04/16/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition GENTZKE, PAUL C Name: Name: GENTZKE, PAUL C 417 CENTRAL PARK DR 1485 INTERNATIONAL PARKWAY SUITE 1071 Address: Address: City-St-Zip: SANFORD, FL 32736 City-St-Zip: HEATHROW, FL 32746 Title: Title: () Change () Addition () Delete Name: STUMP, DENVER R Name: 417 CENTRAL PARK DR Address: Address: SANFORD, FL 32736 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition HORINE, ERIC Name: Name: 417 CENTRAL PARK DR Address: Address: City-St-Zip: SANFORD, FL 32736 City-St-Zip: () Delete Title: Title: () Change () Addition WEEKS, MICHAEL P Name: Name: Address: 417 CENTRAL PARK DR Address: City-St-Zip: City-St-Zip: SANFORD, FL 32736 Title: Title: () Delete () Change () Addition TENGSTEDT, MIKE S Name: Name: 417 CENTRAL PARK DR Address: Address: City-St-Zip: SANFORD, FL 32736 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL GENTZKE D 04/16/2007