2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000136594

Entity Name: INTERLING SOLUTIONS, INC.

FILED Feb 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1485 INTERNATIONAL PARKWAY 415 CENTRAL PARK DR **SUITE 1071** SANFORD, FL 32771 HEATHROW, FL 32746 **New Mailing Address: Current Mailing Address:** 1485 INTERNATIONAL PARKWAY 415 CENTRAL PARK DR **SUITE 1071** SANFORD, FL 32771 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 DJR 2461 W STATE RD #1001 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: 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 GENTZKE, PAUL C Name: Name: 1485 INTERNATIONAL PARKWAY SUITE 1071 415 CENTRAL PARK DR Address: Address: City-St-Zip: HEATHROW, FL 32746 City-St-Zip: SANFORD, FL 32771 Title: Title: () Delete (X) Change () Addition Name: STUMP, DENVER R Name: STUMP, DENVER R 417 CENTRAL PARK DR 417 CENTRAL PARK DR Address: Address: SANFORD, FL 32736 SANFORD, FL 32771 City-St-Zip: City-St-Zip:

Title: () Delete HORINE, ERIC Name: 417 CENTRAL PARK DR Address: City-St-Zip: SANFORD, FL 32736

Title: () Delete WEEKS, MICHAEL P Name: Address: 417 CENTRAL PARK DR City-St-Zip: SANFORD, FL 32736

Title: () Delete TENGSTEDT, MIKE S Name: 417 CENTRAL PARK DR Address: City-St-Zip: SANFORD, FL 32736

SANFORD, FL 32771 Title: (X) Change () Addition

(X) Change () Addition

(X) Change () Addition

TENGSTEDT, MIKE S Name: Address: 417 CENTRAL PARK DR City-St-Zip: SANFORD, FL 32771

D

HORINE, ERIC

417 CENTRAL PARK DR

SANFORD, FL 32771

WEEKS, MICHAEL P

417 CENTRAL PARK DR

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.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SIGNATURE: PAUL C GENTZKE DIRE 02/17/2009