

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000000555

FILED  
Apr 30, 2010  
Secretary of State

Entity Name: FLASHPOINT SOLUTIONS INC

**Current Principal Place of Business:**

319 COBLE DRIVE  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

**Current Mailing Address:**

319 COBLE DRIVE  
LONGWOOD, FL 32779 US

**New Mailing Address:**

FEI Number: 20-8136410

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TRATHEN, ROBBY W  
319 COBLE DRIVE  
LONGWOOD, FL 32779 US

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

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:**

Title: P  
Name: TRATHEN, ROBBY W  
Address: 319 COBLE DRIVE  
City-St-Zip: LONGWOOD, FL 32779 US

Title: VP  
Name: SPEARS, DAVID B  
Address: 443 MEADOWOOD BLVD  
City-St-Zip: CASSELBERRY, FL 32730 US

I hereby 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 all other like empowered.

SIGNATURE: ROBBY W TRATHEN

P

04/30/2010

Electronic Signature of Signing Officer or Director

Date