2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000041172

Entity Name: C2C SOLUTIONS, INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 532 RIVERSIDE AVENUE JACKSONVILLLE, FL 32202 **Current Mailing Address: New Mailing Address:** 532 RIVERSIDE AVENUE JACKSONVILLLE, FL 32202 FEI Number: 41-2235948 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HUNGERMAN, ANDREW J IV 4800 DEERWOOD CAMPUS PARKWAY JACKSONVILLE, FL 32246 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 MOSE, CHERYL O HUNGERMAN, ANDREW J IV Name: Name: 4800 DEERWOOD CAMPUS PARKWAY 4800 DEERWOOD CAMPUS PARKWAY Address: Address: City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip: JACKSONVILLE, FL 32246 Title: () Change () Addition Title: () Delete Name: COSTON, SANDRA L Name: 532 RIVERSIDE AVENUE Address: Address: JACKSONVILLLE, FL 32202 City-St-Zip: City-St-Zip: Title: DP () Delete Title: CP (X) Change () Addition LORD, CURTIS LORD, CURTIS Name: Name: 532 RIVERSIDE AVENUE 532 RIVERSIDE AVENUE Address: Address: City-St-Zip: JACKSONVILLLE, FL 32202 City-St-Zip: JACKSONVILLLE, FL 32202 () Delete Title: Title: () Change () Addition DAVIS, MICHAEL Name: Name: Address: 532 RIVERSIDE AVENUE Address: City-St-Zip: JACKSONVILLLE, FL 32202 City-St-Zip: Title: (X) Delete Title: () Change () Addition BAILEY, GORDON Name: Name: 4800 DEERWOOD CAMPUS PARKWAY Address: Address: City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip:

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.

SIGNATURE: ANDREW J. HUNGERMAN, IV S 04/28/2009