

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000043003

FILED
Mar 07, 2009
Secretary of State

Entity Name: REEL MEDIA SOLUTIONS, INC.

Current Principal Place of Business:

3226 CROTON AVE
DELTONA, FL 32738

New Principal Place of Business:

Current Mailing Address:

3226 CROTON AVE
DELTONA, FL 32738

New Mailing Address:

FEI Number: 64-0961049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JACKSON, GINGER
3226 CROTON AVE
DELTONA, FL 32738 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 () Delete
Name: JACKSON, GINGER
Address: 3226 CROTON AVE
City-St-Zip: DELTONA, FL 32738

Title: CFO () Delete
Name: JACKSON, BRITANY
Address: 4130 S. KIRKMAN STREET #408
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change () Addition
Name: JACKSON, BRITANY
Address: 9765 SOUTHBROOK DR. # 2111
City-St-Zip: JACKSONVILLE, FL 32256

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: GINGER JACKSON

PRES

03/07/2009

Electronic Signature of Signing Officer or Director

Date