

2008 FOR PROFIT CORPORATION ANNUAL REPORT

3/24/2008-90068-005-\$150.00-\$150.00

FILED

2008 APR 10 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P07000055722			
1. Entity Name PUBLIC FINANCE SOLUTIONS INC.			
Principal Place of Business 2001 NORTH OCEAN BOULEVARD, #205 BOCA RATON, FL 33431		Mailing Address 2001 NORTH OCEAN BOULEVARD, #205 BOCA RATON, FL 33431	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEEL Number 26-0142983		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name: W. RICHARD STAUDINGER Street Address (P.O. Box Number is Not Acceptable): 2001 NORTH OCEAN BLVD #205 City: Boca Raton FL 33431	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE:		DATE: 3-26-08	
FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LENNOX, CONNIE R 2001 NORTH OCEAN BOULEVARD, #205 BOCA RATON, FL 33431 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR + PRESIDENT + TREASURER ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAUDINGER, W. RICHARD 2001 NORTH OCEAN BOULEVARD, #205 BOCA RATON, FL 33431 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR + SECRETARY ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		SECRETARY WILLIAM STAUDINGER 3/26/08 561 620-0898	