

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000059324

FILED
Jul 10, 2008
Secretary of State

Entity Name: A NEW SOLUTION ENTERPRISES, INC

Current Principal Place of Business:

2529 TRAVELERS PALM DR
EDGEWATER, FL 32141

New Principal Place of Business:

Current Mailing Address:

2529 TRAVELERS PALM DR
EDGEWATER, FL 32141

New Mailing Address:

FEI Number: 26-0188468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYDEN, STEVEN
2529 TRAVELERS PALM DR
EDGEWATER, FL 32141 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAYDEN, STEVEN
Address: 2529 TRAVELERS PALM DR
City-St-Zip: EDGEWATER, FL 32141

Title: VP () Delete
Name: HAYDEN, JASON
Address: 2311 INDIA PALM DRIVE
City-St-Zip: EDGEWATER, FL 32141

Title: O () Delete
Name: MERKLE, PATRICIA
Address: 4607 DORIS DR
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: HAYDEN, JASON
Address: 2630 KUMQUAT DR
City-St-Zip: EDGEWATER, FL 32141

Title: ST (X) Change () Addition
Name: MERKLE, PATRICIA
Address: 4607 DORIS DR
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: PATRICIA MERKLE

ST

07/10/2008

Electronic Signature of Signing Officer or Director

Date