2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000059914

1. Entity Name
A2D SOLUTIONS, INC.

Principal Place of Business	Mailing Address
1930 N.E. 151 STREET	1930 N.E. 151 STREET
NORTH MIAMI, FL 33162	NORTH MIAMI, FL 33162

DO NOT WRITE IN THIS SPACE

01092008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
26-0203779	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FEDELE, JOSEPH
12900 N. BAYSHORE DR
NORTH MIAMI, FL 33181

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)

U000008651′39
04/07/08-80016-021 150.00

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
TITLE	P
NAME	FEDELE, JOSEPH
STREET ADDRESS	12900 N. BAYSHORE DRIVE
CITY-ST-ZIP	NORTH MIAMI, FL 33181
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ JOSEPH FEDELE 3/18/2008 305-891-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #