

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000065179

Entity Name: MITERED SOLUTIONS INC.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

23214 GOLDCOAST AVENUE
PORT CHARLOTTE, FL 33980

New Principal Place of Business:

18210 PAULSON DR.
#5
PORT CHARLOTTE, FL 33954

Current Mailing Address:

23214 GOLDCOAST AVENUE
PORT CHARLOTTE, FL 33980

New Mailing Address:

P.O. BOX 380788
MURDOCK, FL 33938

FEI Number: 74-3216634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BELL, TIMOTHY S
23214 GOLDCOAST AVENUE
PORT CHARLOTTE, FL 33980 US

Name and Address of New Registered Agent:

BELL, TIMOTHY S
18210 PAULSON DR.
#5
PORT CHARLOTTE, FL 33954 US

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: TIMOTHY SETH BELL

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BELL, TIMOTHY S
Address: 23214 GOLDCOAST AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33980

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BELL, TIMOTHY S
Address: 18210 PAULSON DR. #5
City-St-Zip: PORT CHARLOTTE, FL 33954

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: TIMOTHY SETH BELL

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date