


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2008 8:00 am**  
**Secretary of State**

03-04-2008 90013 041 \*\*\*150.00

<b>DOCUMENT # P07000076386</b>					
<b>1. Entity Name</b> MYPROJECTSOLUTIONS, INC.					
<b>Principal Place of Business</b> 8984 LAKES BLVD W PALM BEACH, FL 33412			<b>Mailing Address</b> 8984 LAKES BLVD W PALM BEACH, FL 33412		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02082008    Chg-P    CR2E034 (12/06)	
<b>4. FEI Number</b> 26-0657879				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
KRAVETZ, MARGARET 8984 LAKES BLVD W PALM BEACH, FL 33412			Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P	<b>NAME</b> HUBBARD, CASEY		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 8984 LAKES BLVD	<b>CITY-ST-ZIP</b> W PALM BEACH, FL 33412		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> VP	<b>NAME</b> KRAVETZ, MARGARET		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 8984 LAKES BLVD	<b>CITY-ST-ZIP</b> W PALM BEACH, FL 33412		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> D	<b>NAME</b> DANIELS, STEPHEN		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 8984 LAKES BLVD	<b>CITY-ST-ZIP</b> W PALM BEACH, FL 33412		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> D	<b>NAME</b> KRAVETZ, GERALD		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 8984 LAKES BLVD	<b>CITY-ST-ZIP</b> W PALM BEACH, FL 33412		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> D	<b>NAME</b> D'ALESSANDRO, RON		<input checked="" type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 8984 LAKES BLVD	<b>CITY-ST-ZIP</b> W PALM BEACH, FL 33412		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> D	<b>NAME</b> D'ALESSANDRO, RON		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 8984 LAKES BLVD	<b>CITY-ST-ZIP</b> W PALM BEACH, FL 33412		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <i>Margaret Kravetz</i>			2/12/08 (561) 630-9545		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date    Daytime Phone #</small>		