

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 8:00 am
Secretary of State

02-14-2008 90013 002 ***150.00

DOCUMENT # P07000090435 1. Entity Name PRODUCT SOLUTIONS INC.			
Principal Place of Business 1850 HIBISCUS STREET SARASOTA, FL 34239		Mailing Address 1850 HIBISCUS STREET SARASOTA, FL 34239	
2. Principal Place of Business - No P.O. Box # 1666 ARLINGTON ST		3. Mailing Address 1666 ARLINGTON ST	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State SARASOTA FL		City & State SARASOTA FL	
Zip 34239		Zip 34239	
Country 		Country 	
4. FEI Number 26-0753236		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLARK, LAURIE A 1850 HIBISCUS STREET SARASOTA, FL 34239		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1666 ARLINGTON ST City SARASOTA FL Zip Code 34239	
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 <u>Laurie A Clark</u> <u>LAURIE A CLARK</u> <u>2/7/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PTSD <input type="checkbox"/> Delete CLARK, LAURIE A 1850 HIBISCUS STREET SARASOTA, FL 34239	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1666 ARLINGTON ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SARASOTA FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CLARK, MICHAEL F 1850 HIBISCUS STREET SARASOTA, FL 34239	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Michael F Clark</u> <u>941-951-0460</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>			

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