## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT** DOCUMENT # P07000097614



**FILED** May 16, 2008 8:00 am Secretary of State 05-16-2008 90015 019 \*\*\*150.00

THE HOWELT FEE IS \$150.00 Due by September 12, 2008  10. OFFICERS AND DIRECTORS  Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  Trust Fund Contribution.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PSTD  GILLETTE, DONALD R  GRILETTE, DONALD R  GRILETE, DONALD R  GRILLTER, DONALD R	1. Entity Nam PROPER	e TY SOLUTIONS SPECIAL	ISTS, INC.							
Suite. Apt. #. etc.    Suite. Apt. #. etc.   Suite. Apt. #. etc.   Suite. Apt. #. etc.   State   State   Apt. #. etc.   Apt. #	700 S. ROYAL POINCIENA BLVD., STE. 1020 700 S. ROYAL POINCIENA BLV			A BLVD., STE. 1020	(1880)884		II BEIIB ETIII (TBIS	GIIDA KORA BIDY		
City & Statu   City &	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	Mailing Address						
ZG - 883 0 30 2	Suite, Apt. #, etc.		Suite, Apt. #, etc.		05122008	Chg-P	CR2E034	(12/06)		
Sillette Donald R  Gillette Donald R  Government and early submins this statement for the purpose of changing its registered office or registered agent, or both, in the Siste of Florida. Turn familiar with, and accept the obligations of registered agent, or both, in the Siste of Florida. Turn familiar with, and accept the obligations of registered agent. Or both, in the Siste of Florida. Turn familiar with, and accept the obligations of registered agent. Or both, in the Siste of Florida. Turn familiar with, and accept the obligations of registered agent. Or both, in the Siste of Florida. Turn familiar with, and accept the obligations of registered agent. Or both, in the Siste of Florida. Turn familiar with, and accept the obligations of registered agent. Or both, in the Siste of Florida. Turn familiar with, and accept the obligations of registered agent. Or both, in the Siste of Florida. Turn familiar with, and accept the obligations of registered agent. Or both, in the Siste of Florida. Turn familiar with, and accept the obligations of registered agent. Or both, in the Siste of Florida. Turn familiar with, and accept the obligations of registered agent. Or both, in the Siste of Florida. Turn familiar with, and accept the obligations of registered agent. Or both, in the Siste of Florida. Turn familiar with, and accept the obligations of registered agent. Or both, in the Siste of Florida. Turn familiar with, and accept the obligations of registered agent. Or both, in the Siste of Florida. Turn familiar with, and accept the obligations of registered agent. Or both, in the Siste of Florida. Turn familiar	City & State		City & State	City & State		Per - 0830302 Applied F Not Appli				
Name	Zip	Country	Country				e Required			
Street Address (P.O. Box Number is Not Acceptable)	6. Name and Address of Current Registered Agent			Name	7. Name and	Address of New F	Registered Ag	ent		
The above named onlity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent.  SIGNATURE    Signature typed or orner or replacement agent and site if acceptable   MOTE Registered Agent signature required when remaiting)   DATE	6619 S. DIXIE HWY, #346			Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
B. 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 required when renotating)				City			FI	Zip Code		
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IIILE OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IIILE OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IIILE OFFICERS AND OFFICERS A	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.									
Trust Fund Contribution.    Added to Fees   corporation did not receive the prior notice.	SIGNATURE_	Signature, typed or printed name of registered ager	at and title if applicable (NOTE:	Registered Agent signature requ	uired when reinstating)		DATE			
PSTD	To an Friend Control					In accordance corporation did	with s. 607.1 not receive	93(2)(b), l the prior n	F.S., the notice.	
NAME   STREET ADDRESS   GILLETTE, DONALD R   STREET ADDRESS   GILLETTE, DONALD R   STREET ADDRESS   GILLETTE, DONALD R   STREET ADDRESS   STREET ADDRESS   STREET ADDRESS   GILLETTE, DONALD R   STREET ADDRESS   GILLETTE,	10.		11.	ADDITIONS	CHANGES TO OFF					
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET	NAME STREET ADDRESS	GILLETTE, DONALD R 6619 S DIXIE HWY #346	☐ Delete	NAME STREET ADDRESS			(	Change	Addition	
NAME \ STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   Delete   TITLE   NAME   NAME   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   TITLE   NAME   NAME   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   TITLE   NAME   NAME   STREET ADDRESS   CITY-ST-ZIP   TITLE   NAME   NAME   STREET ADDRESS   CITY-ST-ZIP   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   TITLE   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   TITLE   STREET ADDRES	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS				Change	Addition	
ITILE	TITLE NAME ) STREET ADDRESS		☐ Delete	NAME STREET ADDRESS			I	Change	☐ Addition	
NAME	TITLE NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS				Change	☐ Addition	
NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY ST-ZIP	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS				Change	☐ 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 and the information are disposed.	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY ST-ZIP	land in Chapter 11	O. Elevide Statutes		•	Addition	

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.