

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000077106

Entity Name: FICO SOLUTIONS, CO.

FILED  
Mar 26, 2009  
Secretary of State

## Current Principal Place of Business:

5950 LAKEHURST DR  
236  
ORLANDO, FL 32819 US

## Current Mailing Address:

5950 LAKEHURST DR  
236  
ORLANDO, FL 32819 US

## New Principal Place of Business:

5950 LAKEHURST DR  
233  
ORLANDO, FL 32819 US

## New Mailing Address:

5950 LAKEHURST DR  
233  
ORLANDO, FL 32819 US

FEI Number: 26-3213929

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LARSON ACCOUNTING & CONSULTING SERV LLC  
8818 COMMODITY CIRCLE  
40  
ORLANDO, FL 32819 US

## Name and Address of New Registered Agent:

LARSON ACCOUNTING & CONSULTING SERV LLC  
8810 COMMODITY CIRCLE  
17  
ORLANDO, FL 32819 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: CAROLINE LARSON

03/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FIGUEIREDO, HALYSSON  
Address: 2510 LAKE DEBRA APT 205  
City-St-Zip: ORLANDO, FL 32835

Title: VP ( ) Delete  
Name: DA SILVA, EDILSON F  
Address: 2510 LAKE DEBRA DR APT 205  
City-St-Zip: ORLANDO, FL 32835

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: HALYSSON FIGUEIREDO

P

03/26/2009

Electronic Signature of Signing Officer or Director

Date