

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000102090

Entity Name: DEBT SOLUTIONS, INC.

FILED
Apr 06, 2009
Secretary of State

Current Principal Place of Business:

403 N FITZPATRICK AVE
INVERNESS, FL 34453

Current Mailing Address:

403 N FITZPATRICK AVE
INVERNESS, FL 34453

New Principal Place of Business:

403 N FITZPATRICK AVE
267 KENSINGTON WAY
WELLINGTON, FL 33414

New Mailing Address:

267 KENSINGTON WAY
WELLINGTON, FL 33414

FEI Number: 80-0327663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMON, LEONARD L
403 N FITZPATRICK AVE
INVERNESS, FL 34453 US

Name and Address of New Registered Agent:

SIMON, KARL L
267 KENSINGTON WAY
WELLINGTON, FL 33414 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: KARL SIMON

04/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D/T () Delete
Name: SIMON, LEONARD L
Address: 403 N FITZPATRICK AVE
City-St-Zip: INVERNESS, FL 34453

Title: S () Delete
Name: SIMON, LEONARD L
Address: 403 N FITZPATRICK AVE
City-St-Zip: INVERNESS, FL 34453

Title: D/P () Delete
Name: SIMON, KARL W
Address: 3502 E DESERT BROOM WAY
City-St-Zip: PHOENIX, AZ 85044

Title: VP () Delete
Name: SIMON, WANDA L
Address: 3502 E DESERT BROOM WAY
City-St-Zip: PHOENIX, AZ 85044

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/T (X) Change () Addition
Name: SIMON, KARL L
Address: 267 KENSINGTON WAY
City-St-Zip: WELLINGTON, FL 33414

Title: S (X) Change () Addition
Name: SIMON, WANDA L
Address: 267 KENSINGTON WAY
City-St-Zip: WELLINGTON, FL 33414

Title: D/P (X) Change () Addition
Name: SIMON, KARL W
Address: 267 KENSINGTON WAY
City-St-Zip: WELLINGTON, FL 33413

Title: VP (X) Change () Addition
Name: SIMON, WANDA L
Address: 267 KENSINGTON WAY
City-St-Zip: WELLINGTON, FL 33414

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: KARL SIMON

PRES

04/06/2009

Electronic Signature of Signing Officer or Director

Date