

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000009275

FILED  
Mar 31, 2010  
Secretary of State

**Entity Name:** FULL CIRCLE FINANCIAL SOLUTIONS INC.

**Current Principal Place of Business:**

6245 N FEDERAL HIGHWAY 203  
FT. LAUDERDALE, FL 33308 US

**New Principal Place of Business:**

219 NE 17TH AVE  
FT. LAUDERDALE, FL 33301 US

**Current Mailing Address:**

6245 N FEDERAL HIGHWAY 203  
FT. LAUDERDALE, FL 33308 US

**New Mailing Address:**

219 NE 17TH AVE  
FT. LAUDERDALE, FL 33301 US

**FEI Number:** 80-0340714

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEPHENS, ADAM  
219 NE 17TH AVE  
FT. LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

STEPHENS, ADAM ADAM ST  
219 NE 17TH AVE  
FORT LAUDERDALE, FL 33301 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:** ADAM STEPHENS

03/31/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: STEPHENS, ADAM ADAM  
Address: 219 NE 17TH AVE  
City-St-Zip: FT. LAUDERDALE, FL 33301

I hereby 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 all other like empowered.

**SIGNATURE:** ADAM STEPHENS

P

03/31/2010

Electronic Signature of Signing Officer or Director

Date