

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000100442

**Entity Name:** DEFAULT SOLUTIONS, INC

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

291 NE FLORESTA DRIVE  
PORT ST LUCIE, FL 34983 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 8173  
PORT ST LUCIE, FL 34985 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

STEAR, MICHAEL J PRES.  
291 NW FLORESTA DRIVE  
PORT ST LUCIE, FL 34985 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: STEAR, MICHAEL J  
Address: 291 NW FLORESTA DRIVE  
City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: VP  
Name: FELOS, LOLA  
Address: 2424 FALLEN TREE DR E  
City-St-Zip: JACKSONVILLE, FL 32246 US

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: MICHAEL J. STEAR

PRES

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date