

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000029805

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** JOSHUA GROUP SOLUTIONS, INC.

**Current Principal Place of Business:**

1049 E.POINT WASHINGTON RAD  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

228 LAKEVIEW CIRCLE  
PANAMA CITY BEACH, FL 32413

**Current Mailing Address:**

174 WATERCOLOR WAY #345  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

**FEI Number:** 11-3779121

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SAXON, SALLY  
1049 E.POINT WASHINGTON RAD  
SANTA ROSA BEACH, FL 32459 US

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

SAXON, SALLY  
228 LAKEVIEW CIRCLE  
PANAMA CITY BEACH, FL 32413 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:

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

04/27/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SAXON, SALLY H  
Address: 174 WATERCOLOR WAY #345  
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: SALLY SAXON

PRES

04/27/2011

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

\_\_\_\_\_  
Date