

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000055855

Entity Name: SOPHIX SOLUTIONS, INC.

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1101 CHANNELSIDE DR. #264  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

1101 CHANNELSIDE DR. #264  
TAMPA, FL 33602

**New Mailing Address:**

FEI Number: 27-3046394

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ECKERTY, MARK  
3611 W. SANTIAGO ST  
TAMPA, FL 33629 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: D  
Name: ECKERTY, MARK  
Address: 3611 W SANTIAGO ST  
City-St-Zip: TAMPA, FL 33629

Title: D  
Name: MOORE, GREGORY  
Address: 1747 OAK POND CT  
City-St-Zip: OLDSMAR, FL 34677

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: GREGORY T MOORE

D

01/06/2011

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

\_\_\_\_\_  
Date