

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000059032

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** WATERFRONT SOLUTIONS, INC.

**Current Principal Place of Business:**

5819 U.S. HWY 41 NORTH  
APOLLO BEACH, FL 33572

**New Principal Place of Business:**

**Current Mailing Address:**

5819 U.S. HWY 41 NORTH  
APOLLO BEACH, FL 33572

**New Mailing Address:**

**FEI Number:** 39-3847820

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRACE ACCOUNTING SERVICE, INC.  
12000 NORTH DALEMABRY STE: 252  
TAMPA, FL 33618 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: KELLY, CHAD  
Address: 1004 SYMPHONY ISLES BLVD  
City-St-Zip: APOLLO BEACH, FL 33572

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: CHAD KELLY

P

04/27/2012

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

\_\_\_\_\_  
Date