2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000033369

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

GEORGE, ELIZABETH

4410 GARCIA AVENUE

SARASOTA, FL 34233

2129 PHILLIPPI STREET

SARASOTA, FL 34231

SWANEY, NATALIE

(X) Delete

FILED Aug 10, 2006 Secretary of State

Entity Nan	ne: SIMPLE	FINANCIAI	L SOLUTIONS, INC.					
Current Principal Place of Business:				New Princ	New Principal Place of Business:			
5777 BENE UNIT 14								
SARASOT	A, FL 34233	US						
Current M	ailing Addro	ess:		New Maili	ng Addres	ss:		
5777 BENE UNIT 14								
SARASOT	A, FL 34233	US						
FEI Number:	65-0420811	FEI Numi	ber Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
PREWETT 5777 BENE SARASOT		US						
The above in the State		/ submits th	is statement for the p	urpose of changing i	ts registere	ed office or registered agent, or both	,	
SIGNATUR	RE:							
	Electro	onic Signatu	re of Registered Age	nt		Date		
			, the corporation did not d Contribution ().	receive the prior notic	e.			
OFFICERS	AND DIRE	CTORS:		ADDITION	IS/CHANG	ES TO OFFICERS AND DIRECTO	RS	
Title: Name: Address: City-St-Zip:	PD (SCOTT, ALLA 4410 GARCIA SARASOTA, I	A AVE		Title: Name: Address: City-St-Zip:		(X) Change () Addition LAN EE OAKS BLVD A, FL 34233		
Title: Name: Address: City-St-Zip:	PREWETT, D 4410 GARCIA SARASOTA, I	A AVE		Title: Name: Address: City-St-Zip:	SARASOTA	E OAKS BLVD A, FL 34233		
Title:	VPD () Delete		Title:	VPD	(X) Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

GEORGE, ELIZABETH

SARASOTA, FL 34233

4942 THREE OAKS BLVD

() Change () Addition

SIGNATURE: ELIZABETH GEORGE VP 08/10/2006