

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000035342

Entity Name: SOFA SOLUTIONS, INC.

FILED  
Feb 25, 2008  
Secretary of State

## Current Principal Place of Business:

12170 HWY 98 WEST  
DESTIN, FL 32541 US

## New Principal Place of Business:

12170 HWY 98 WEST  
DESTIN, FL 32550 US

## Current Mailing Address:

12170 HWY 98 WEST  
DESTIN, FL 32541 US

## New Mailing Address:

12170 HWY 98 WEST  
DESTIN, FL 32550 US

FEI Number: 59-3187953

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANCHORS, C L  
909 MAR WALT DR  
SUITE 1014  
FT WALTON BEACH, FL 32547 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SULLIVAN, BARBARA A  
Address: 1021 W CHOCTAWHATCHEE DR  
City-St-Zip: NICEVILLE, FL

Title: D ( ) Delete  
Name: FERNANDEZ, KELLY  
Address: 1918 55TH PLACE  
City-St-Zip: TULSA, OK 74105

Title: D ( ) Delete  
Name: SULLIVAN, RYAN  
Address: 1021 W CHOCTAW HATCHEF  
City-St-Zip: NICEVILLE, FL 32578

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: FERNANDEZ, KELLY  
Address: 1021 W CHOCTAWHATCHEE DR  
City-St-Zip: NICEVILLE, FL 32578

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: BARBARA SULLIVAN

PRES

02/25/2008

Electronic Signature of Signing Officer or Director

Date