2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Feb 25, 2008 08:00 Al **DOCUMENT # P93000067349 Secretary of State** 1. Entity Name PROGRESSIVE SOLUTIONS, INC. Principal Place of Business Mailing Address 338 N. LAKE AVE 338 N. LAKE AVE APOPKA, FL 32703 APOPKA, FL 32703 02132008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3202564 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BASS, LENARD DO NOT WRITE 133 S. BULOVA DR. **APOPKA, FL 32703** IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Strouture, typed or printed name of represent anest and title if applicable (NOTE: Renistered Agent sameture required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PRESIDENT TITLE BASS, LENARD NAME STREET ADDRESS 338 N. LAKE AVE APOPKA, FL 32703 CITY-ST-ZIP TITLE NAME STREET ADDRESS U00000840320 03/06/08-80044-015 158.75 CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TIFLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or direction of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my hame appears in Block 10 or Block 11 changed, or on an attactment with an address, with all other like empowered.

D OR PRINTED NAME OF SIGNOIG OFFICER OR DIRECTOR

FILED