


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90449 031 ***150.00

DOCUMENT # P93000088502 1. Entity Name CNP SOLUTIONS, INC.					
Principal Place of Business 8948 WESTERN WAY STE - 10 JACKSONVILLE, FL 32256 US			Mailing Address 8948 WESTERN WAY STE - 10 JACKSONVILLE, FL 32256 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-3218487			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIMM, DANIEL		NAME	CANFIELD, Philip	
STREET ADDRESS	8948 WESTERN WAY STE 10		STREET ADDRESS	8948 Western Way, STE 10	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YIH, DANIEL		NAME	Forrest Cox	
STREET ADDRESS	8948 WESTERN WAY STE 10		STREET ADDRESS	8948 Western Way, STE 10	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	TAX Flg, 32256	
TITLE	COO	<input type="checkbox"/> Delete	TITLE		
NAME	BARNETT, GREG		NAME		
STREET ADDRESS	8948 WESTERN WAY STE 10		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP		
TITLE	DPCO	<input type="checkbox"/> Delete	TITLE		
NAME	GREENWALT, STEVEN D		NAME		
STREET ADDRESS	8948 WESTERN WAY STE 10		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP		
TITLE	SVP	<input type="checkbox"/> Delete	TITLE		
NAME	DOOLITTLE, SCOTT		NAME		
STREET ADDRESS	8948 WESTERN WAY STE 10		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		
NAME	MCEWEN, RUSSELL		NAME		
STREET ADDRESS	8948 WESTERN WAY STE 10		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Scott Doolittle</i> SCOTT DOOLITTLE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/14/2006 (904) 363-0009 x247 <small>Date Daytime Phone #</small>		

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