


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

04-26:2006 90249 001 \*\*\*750.00  
 SECRETARY OP94000070005  
 DIVISION OF CORPORATIONS

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DOCUMENT # P94000070005							
1. Entity Name SOLUTIONS-MARINER, INC.							
Principal Place of Business 1108 KANE CONCOURSE, STE 307 BAY HARBOR ISLANDS, FL 33154 US			Mailing Address 1108 KANE CONCOURSE, STE 307 BAY HARBOR ISLANDS, FL 33154 US				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country	Zip		Country		
4. FEI Number 65-0524432				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
HAIMAN, BARRY G 1108 KANE CONCOURSE, STE 307 BAY HARBOR ISLANDS, FL 33154			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 _____			DATE _____				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)							
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 checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BARASCH, STUART		NAME	Affordable Housing Solutions For Fla, Inc			
STREET ADDRESS	353 WEST 47 ST.		STREET ADDRESS	1108 KANE CONCOURSE, Suite 307			
CITY-ST-ZIP	MIAMI, FL 33161		CITY-ST-ZIP	Bay Harbor Islands, FL 33154			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	746775	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARRISON, BETSY		NAME				
STREET ADDRESS	34 PATTON DR.		STREET ADDRESS				
CITY-ST-ZIP	PENSACOLA, FL 32507		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JONES, LUVERNE		NAME				
STREET ADDRESS	1 SE 3RD AVE 20TH FLOOR		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAYES, CARL		NAME				
STREET ADDRESS	6602 NW 3RD STREET		STREET ADDRESS				
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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: <u>LINDA Redden, Treas.</u>			Date: <u>4-24-06</u>		Daytime Phone #: <u>305 865-4555</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #		