

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000070478

Entity Name: BUG SOLUTION, INC.

FILED
Feb 26, 2009
Secretary of State

Current Principal Place of Business:

1844 N. NOB HILL ROAD
#160
PLANTATION, FL 33322

New Principal Place of Business:

Current Mailing Address:

1844 N NOB HILL ROAD
#160
PLANTATION, FL 33322

New Mailing Address:

1844 N. NOB HILL ROAD
#160
PLANTATION, FL 33322

FEI Number: 65-0627349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, IRA
1844 N. NOB HILL ROAD
#160
PLANTATION, FL 33322 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: D () Delete
Name: LEWIS, IRA
Address: 10210 N.W. 24TH STREET
City-St-Zip: SUNRISE, FL 33322

Title: D () Delete
Name: LEWIS, BARBARA
Address: 10210 N.W. 24TH STREET
City-St-Zip: SUNRISE, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: IRA LEWIS

OWNE

02/26/2009

Electronic Signature of Signing Officer or Director

Date