

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000070478

Entity Name: BUG SOLUTION, INC.

**FILED**  
**Jan 11, 2010**  
**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:**

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  
Name: LEWIS, IRA  
Address: 10210 N.W. 24TH STREET  
City-St-Zip: SUNRISE, FL 33322

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

I hereby 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 all other like empowered.

SIGNATURE: IRA S LEWIS

D

01/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date