

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000091387**

1. Entity Name  
**SIMPLE ORGANIC SOLUTIONS, INC.**



Principal Place of Business  
**G. WADE TAYLOR  
4900 MANGO BLVD.  
WEST PALM BEACH, FL 33411**

Mailing Address  
**G. WADE TAYLOR  
4900 MANGO BLVD.  
WEST PALM BEACH, FL 33411**



04202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0622790</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**TAYLOR, G. WADE  
4900 MANGO BLVD.  
WEST PALM BEACH, FL 33411**

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

U00000535905  
05/08/06-80072-004 150.00

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME TAYLOR, WADE G.  
STREET ADDRESS 4900 MANGO BLVD.  
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE T/S  
NAME TAYLOR, LEE SUSAN  
STREET ADDRESS 4900 MANGO BLVD.  
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** G. Wade Taylor  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06 561-791-800  
Date Daytime Phone