

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 22, 2005 8:00 am  
Secretary of State**

04-22-2005 90271 024 \*\*\*150.00

20041317



01052005 Chg-P CR2E034 (10/03)

DOCUMENT # P9700043835		
1. Entity Name SOCIAL SOLUTIONS, INC.		

Principal Place of Business 1570 LAKEVIEW DR 906 S.E. LAKEVIEW DRIVE SUITE 110 SEBRING, FL 33870 US	Mailing Address 1570 LAKEVIEW DR. 906 S.E. LAKEVIEW DRIVE SUITE 110 SEBRING, FL 33870 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number  
65-0765406

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PHILLIPS, STEPHEN GLENN 906 S.E. LAKEVIEW DRIVE /1570 LAKEVIEW DR, SEBRING, FL 33870		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 the obligations of registered agent.  
I, or registered agent, or both, in the State of Florida. I am familiar with, and accept

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, STEPHEN GLENN 906 SE LAKEVIEW DR STE → 1570 LAKEVIEW DR SEBRING, FL 33870	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:   
Signature and Typed or Printed Name of Signing Officer or Director Date 2/1/05 Daytime Phone # 402-1088