2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000082773

Entity Name: YUMA SOLUTIONS, INC.

City-St-Zip:

ARLINGTON, VA 22201

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
5460 BEAU SUITE 520 TAMPA, F		ER BLVD.			
Current Mailing Address:			New Mailing Address	:	
P. O. BOX TAMPA, F					
FEI Number	: 59-3470751	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	NDHAM LAKES	S DRIVE JS			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MILLS, MOON	M LAKES DRIVE	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (PHILLIPS, JAM 1849 LOG RID TALLAHASSEE	GE TRAIL	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	MORRIS, TERI) Delete RY SCOTT DON BLVD, STE 255	Title: (Name: Address:	() Change() Addition	

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.

City-St-Zip:

SIGNATURE: MOON MILLS P 03/24/2009