2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000002912

1. Entity Name
Y-TECH SOLUTIONS INC.

Principal Place of Business	Mailing Address
5151 W. RIO VISTA AVE TAMPA, FL 33634	5151 W. RIO VISTA AVE TAMPA, FL 33634

DO NOT WRITE IN THIS SPACE

06152007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3489028	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SANDERS, WALTER
3355 BEARSS AVE
TAMPA, FL 33618

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_____

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

U00000766557
06/22/07-80003-002 150.00

DATE

FILE NOW!!! FEE IS $150.00 **Due by September 14, 2007**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	YALDOR, SAMUEL
STREET ADDRESS	6918 AQUEDUCT TERRACE
CITY-ST-ZIP	ODESSA, FL 33556

TITLE	V
NAME	YALDOR, MARTINE
STREET ADDRESS	6918 AQUEDUCT TERRACE
CITY-ST-ZIP	ODESSA, FL 33556

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   06/15/07   813-880-0800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #