

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000043042

Entity Name: EXHEDRA SOLUTIONS, INC.

FILED
Jan 15, 2007
Secretary of State

Current Principal Place of Business:

14310 N. DALE MABRY HWY
SUITE 280
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

14310 N. DALE MABRY HWY
SUITE 280
TAMPA, FL 33618

New Mailing Address:

FEI Number: 59-3510883 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSE, BRENDA
405 CENTRAL AVE STE 200
ST PETERSBURG, FL 33701 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: P () Delete
Name: IPPOLITO, IAN
Address: 1209 LA BRAD LANE
City-St-Zip: TAMPA, FL 33613

Title: T () Delete
Name: EDGINGTON, JUDI
Address: 1840 MILL RUN CIRCLE
City-St-Zip: TAMPA, FL 33613

Title: SRVP () Delete
Name: IPPOLITO, DAWN
Address: 220 VISCOUNT AVE
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VP () Delete
Name: IPPOLITO, KIM
Address: 720 THORNWICK DRIVE
City-St-Zip: PITTSBURGH, PA 15243

Title: VP () Delete
Name: IPPOLITO, COREY
Address: 10205 PARKWOOD DRIVE #4
City-St-Zip: CUPERTINO, CA 95014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: EDGINGTON, JUDI
Address: 3005 TARAGROVE DRIVE
City-St-Zip: TAMPA, FL 33618

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: JUDI EDGINGTON

T

01/15/2007

Electronic Signature of Signing Officer or Director

_____ Date