



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000013186 1. Entity Name ELECTIONS SOLUTIONS, INC.	
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Principal Place of Business 8842 ESTATE DRIVE WEST PALM BEACH, FL 33411	Mailing Address 8842 ESTATE DRIVE WEST PALM BEACH, FL 33411
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0903883	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent WINCHESTER, JON 8842 ESTATE DRIVE WEST PALM BEACH, FL 33411	DO NOT WRITE IN THIS SPACE
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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 reinstating) DATE _____

Signature: typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	
TITLE	D
NAME	WINCHESTER, JON
STREET ADDRESS	8842 ESTATE DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	D
NAME	TOZIER, KEN
STREET ADDRESS	111 S RIVERHILLS DR
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

400000584329
 01/12/07-80093-010 150.00

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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/8/07 Daytime Phone # _____