

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000040223

Entity Name: STAT SOLUTIONS, INC.

FILED
Feb 06, 2007
Secretary of State

Current Principal Place of Business:

6227 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

PO BOX 0397
NEW PORT RICHEY, FL 34656

New Mailing Address:

FEI Number: 59-3574373

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOCKTON, CHARLOTTE S
PO BOX 0397
NEW PORT RICHEY, FL 34656 US

Name and Address of New Registered Agent:

STOCKTON SLONE, CHARLYNN S
6227 TROUBLE CREEK
NEW PORT RICHEY, FL 34653 US

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: CHARLYNN STOCKTON SLONE

02/06/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: STOCKTON, CHARLOTTE S
Address: PO BOX 0397
City-St-Zip: NEW PORT RICHEY, FL 34656

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: STOCKTON SLONE, CHARLYNN S
Address: PO BOX 0397
City-St-Zip: NEW PORT RICHEY, FL 34656

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: CHARLYNN STOCKTON SLONE

PRES

02/06/2007

Electronic Signature of Signing Officer or Director

Date