

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000057799

Entity Name: RISING SOLUTIONS INC.

FILED
Apr 22, 2008
Secretary of State

Current Principal Place of Business:

5403 AVE SIMONE
LUTZ, FL 33558

New Principal Place of Business:

20809 CEDAR BLUFF PLACE
LAND O' LAKES, FL 34638

Current Mailing Address:

5403 AVE SIMONE
LUTZ, FL 33558

New Mailing Address:

20809 CEDAR BLUFF PLACE
LAND O' LAKES, FL 34638

FEI Number: 59-3583852

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROHATGI, SANTU
20809 CEDAR BLUFF PLACE
LAND O' LAKES, FL 34638 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: ROHATGI, PATRICIA L
Address: 20809 CEDAR BLUFF PLACE
City-St-Zip: LAND O' LAKES, FL 34638

Title: S () Delete
Name: ROHATGI, SANTU
Address: 20809 CEDAR BLUFF PLACE
City-St-Zip: LAND O' LAKES, FL 34638

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: SANTU ROHATGI

OFF

04/22/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date