2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 10, 2006
Secretary of State

DOCUMENT# P99000088597

Entity Name: SOLUTIONS INSIGHT, INC.

Current Principal Place of Business:

5224 W. SR 46
#311
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

5224 W. SR 46
#311
SANFORD, FL 32771

New Mailing Address:

FEI Number: 59-3606514 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BALLARD, LISA A
5224 W. SR 46
#311
SANFORD, FL 32771 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: LISA A. BALLARD

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BALLARD, LISA A
Address: 5224 W. SR 46, #311
City-St-Zip: SANFORD, FL 32771

Title: V ( ) Delete
Name: BALLARD, BRANT L
Address: 5224 W. SR 46, #311
City-St-Zip: SANFORD, FL 32771

Title: T ( ) Delete
Name: BALLARD, LISA A
Address: 5224 W. SR 46, #311
City-St-Zip: SANFORD, FL 32771

Title: S ( ) Delete
Name: BALLARD, LISA A
Address: 5224 W. SR 46, #311
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: LISA A. BALLARD PSTD 11/10/2006

Electronic Signature of Signing Officer or Director — Date