2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 12, 2004 8:00 am Secretary of State

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SOLUTION STREET, INC. Principal Place of Business Mailing Address 44025870 6703 BANNER LAKE CIR., STE. 10111 6703 BANNER LAKE CIR., STE. 10111 ORLANDO, FL 32821 ORLANDO, FL 32821 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 03032004 Chg-P City & State Applied For 4. FEI Number City & State 59-3611371 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WHITE, MATTHEW J Street Address (P.O. Box Number is Not Acceptable) 6703 BANNER LAKE CIR., STE. 10111 ORLANDO, FL 32821 Zip Code 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11, ☐ Change ☐ Addition TITLE Delete TITLE WHITE, MATTHEW J NAME NAME 6703 BANNER LAKE CIR., STE. 10111 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32821 CITY-ST-ZIP ☐ Addition TITLE . \square Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 cath; 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 the address, with a property and the same legal effect as if made under cath; 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 the address.

SIGNATURE:

MATTHEW J. WHITE

PHINTED NAME OF SIGNING OFFICER OR DIRECTOR