2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# S44060

Entity Name: SOLUTIONS, INC.

Current Principal Place of Business:

611 N FRANKLIN ST
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

611 N FRANKLIN ST
TAMPA, FL 33602 US

New Mailing Address:

FEI Number: 59-3059244 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADAMS, DAVID
100 NORTH TAMPA STREET
SUITE 3500
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

ADAMS, DAVID
1925 EAST 2ND AVENUE
TAMPA, FL 33605 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: 04/27/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: MURPHY, KEVIN
Address: 611 NORTH FRANKLIN STREET
City-St-Zip: TAMPA, FL 33602

Title: T ( ) Delete
Name: BRENDA STOREY,
Address: 611 NORTH FRANKLIN STREET
City-St-Zip: TAMPA, FL 33602

Title: P ( ) Delete
Name: HEALY, ROBERT W.,
Address: 611 NORTH FRANKLIN STREET
City-St-Zip: TAMPA, FL 33602

Title: VS (X) Delete
Name: SCHNIEDERS, BRIAN
Address: 611 NORTH FRANKLIN STREET
City-St-Zip: TAMPA, FL 33602

Title: V ( ) Delete
Name: MARCOTTE, RON
Address: 611 NORTH FRANKLIN STREET
City-St-Zip: TAMPA, FL 33602

Title: V ( ) Delete
Name: SMITH, EDWARD A III
Address: 611 NORTH FRANKLIN STREET
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VS (X) Change ( ) Addition
Name: MURPHY, KEVIN
Address: 611 NORTH FRANKLIN STREET
City-St-Zip: TAMPA, FL 33602

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:

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: ROBERT W. HEALY P 04/27/2007
Electronic Signature of Signing Officer or Director — Date