2006 FOR PROFIT CORPORATION FILED **ANNUAL REPORT** Jan 13, 2006 08:00 AM DOCUMENT #V67732 **Secretary of State** 1. Entity Name BANKING SOLUTIONS, INC. Principal Place of Business Mailing Address 2308 BUR OAK COURT 2308 BUR OAK COURT OVIEDO, FL 32766 OVIEDO, FL 32766 01082006 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3143403 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DAVIS, ALAN D. DO NOT WRITE 2308 BUR OAK COURT OVIEDO, FL 32766 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing H0000386457 FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. 01/18/06-80060-021 150.00 After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS PST TITLE NAME DAVIS, ALAN D 2308 BUR OAK COURT STREET ADDRESS CITY-ST-ZIP OVIEDO, FL 32766 TITLE NAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS City-St-7l9 TITLE STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied that 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 Ampowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 changed, or on an attachment withhan address, with all other the empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/06 407-971-0044