

SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

## 2021 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 07204811
Filing Number: 2203174321634
Filing Date/Time: 03/17/2022 03:28 PM
Effective Date/Time: 03/47/2022 03:28 PM

CORPORATION NAME:	
Solutions Two, Inc.	DUE DATE: 03/31/21
VA REGISTERED AGENT NAME AND OFFICE ADDRE C COOPER YOUELL IV 28A W. KIRK AVENUE SW P.O. BOX 779 ROANOKE, VA 24004-0000	SCC ID NO.: 0720481-1  5. TOTAL NUMBER OF AUTHORIZED SHARES: 5,000
CITY OR COUNTY OF VA REGISTERED OFFICE: 770-ROANOKE CITY	
STATE OR COUNTRY OF INCORPORATION: VA-Virginia	
O NOT ATTEMPT TO ALTER THE INFORMATION ABOUT in black only.	OVE. Carefully read the enclosed instructions. Type or
PRINCIPAL OFFICE ADDRESS:	
Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 909 IOWA ST	ADDRESS: 2387 BROCKFIEW BAY AUE,
	Loughlin, NEVADA
CITY/ST/ZIP SALEM, VA 24153-0000	LAUSHIN, NEUADA 89029 LAUSHIN, NEUADA 89029
	ors and principal officers must be listed. dual may be designated as both a director and an officer.
Mark appropriate box unless area below is blank:  Information is correct	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:  Correction Addition Replacement
OFFICER Z DIRECTOR	OFFICER   DIRECTOR
NAME: PAUL STORY JR	NAME:
TITLE: President	TITLE:
ADDRESS: 909 IOWA ST	ADDRESS:
CITY/ST/ZIP: SALEM, VA 24153-0000	CITY/ST/ZIP:
affirm that the information contained in this report is accurate the information contained in the inf	te and complete as of the date below.  -CRYTR. PRESIDENT 3-11-2022

s a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to a Commission for filling.

PRINTED NAME AND CORPORATE TITLE