


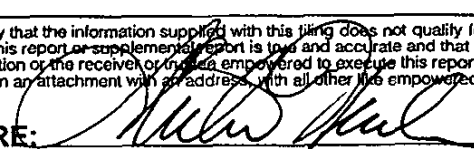
2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90412 014 ***150.00

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DOCUMENT # F05000001181			
1. Entity Name SOLUTIONS AT SEA, INC.			
Principal Place of Business 10030 NORTH 25TH AVE PHOENIX, AZ 85021-1660		Mailing Address 10030 NORTH 25TH AVE PHOENIX, AZ 85021-1660	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	C <input type="checkbox"/> Delete	TITLE	President & Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWLEY, JOHN	NAME	John Rowley
STREET ADDRESS	10030 NORTH 25TH AVE	STREET ADDRESS	10030 N 25th Avenue
CITY-ST-ZIP	PHOENIX, AZ 850211660	CITY-ST-ZIP	Phoenix, AZ 85021
TITLE	VCP <input type="checkbox"/> Delete	TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWLEY, MARCIA	NAME	Marcia Rowley
STREET ADDRESS	10030 NORTH 25TH AVE	STREET ADDRESS	10030 N 25th Avenue
CITY-ST-ZIP	PHOENIX, AZ 850211660	CITY-ST-ZIP	Phoenix, AZ 85021
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVAULT, TED	NAME	
STREET ADDRESS	10030 NORTH 25TH AVE	STREET ADDRESS	
CITY-ST-ZIP	PHOENIX, AZ 850211660	CITY-ST-ZIP	
TITLE	VPST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANKE, DIETMAR	NAME	
STREET ADDRESS	10030 NORTH 25TH AVE	STREET ADDRESS	
CITY-ST-ZIP	PHOENIX, AZ 850211660	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Dietmar Hanke 13 April 2007 602-749-2176	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	