

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000108597

FILED
Apr 27, 2005
Secretary of State

Entity Name: THE SOLOMON GROUP, INC.

Current Principal Place of Business:

6161 MEMORIAL HWY
#2311
TAMPA, FL 33615 US

Current Mailing Address:

6161 MEMORIAL HWY
#2311
TAMPA, FL 33615 US

New Principal Place of Business:

9525 ORANGE GRVE DRIVE
UNIT 9
TAMPA, FL 33618 US

New Mailing Address:

9525 ORANGE GROVE DRIVE
UNIT 9
TAMPA, FL 33618 US

FEI Number: 59-3687256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RILEY, STEVEN P
4805 W LAUREL ST STE 230
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: CHAVIS, BRYAN M
Address: 6161 MEMORIAL HWY, SUITE 2311
City-St-Zip: TAMPA, FL 33615

Title: VP () Delete
Name: CHAVIS, MELANEY N
Address: 6161 MEMORIAL HWY #2311
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CHAVIS, BRYAN M
Address: 9525 ORANGE GROVE DRIVE UNIT 9
City-St-Zip: TAMPA, FL 33618

Title: VP (X) Change () Addition
Name: CHAVIS, MELANEY N
Address: 9525 ORANGE GROVE DRIVE UNIT 9
City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRYAN M CHAVIS

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04/27/2005

Electronic Signature of Signing Officer or Director

Date