


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000043306 1. Entity Name FEA SOLIDARITY FUND, INC.		
Principal Place of Business 213 S ADAMS ST TALLAHASSEE, FL 32301	Mailing Address 213 S ADAMS ST TALLAHASSEE, FL 32301	

FILED
07 APR 26 AM 9: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03152007 No Chg-P CR2E034 (11/05)

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4. FEI Number 90-0069110	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MEYER, RONALD G ESQ
2544 BLAIRSTONE PINES DR
TALLAHASSEE, FL 32301

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

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
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10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FORD, ANDY
STREET ADDRESS	213 S ADAMS ST
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	DVP
NAME	MCCALL, JOANNE
STREET ADDRESS	213 S ADAMS STREET
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D
NAME	WALLACE, AARON
STREET ADDRESS	213 S ADAMS STREET
CITY-ST-ZIP	TALLAHASSEE, FL 32304
TITLE	DVP
NAME	COOK, CLARA
STREET ADDRESS	213 S. ADAMS STREET
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Aaron Wallace Aaron Wallace 3/20/07 850-222-4767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #