


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90247 037 ***150.00

DOCUMENT # P07000004250					
1. Entity Name GREEN HOUSE SOLAR SOLUTIONS INC.					
Principal Place of Business 121 SEA ISLAND TERRACE BOCA RATON, FL 33431 US		Mailing Address 121 SEA ISLAND TERRACE BOCA RATON, FL 33431 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 26-2414246	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JCHPA REGISTERED AGENTS INC. 1580 SAWGRASS CORPORATE PARKWAY SUITE 130 SUNRISE, FL 33323			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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, 2008 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	DCEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MIDYETTE, WALTER	NAME			
STREET ADDRESS	121 SEA ISLAND TERRACE	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33431	CITY-ST-ZIP			
TITLE	DCOO <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MIHAILESCU, ALEX	NAME	CFO LAWRENCE ZIRIN		
STREET ADDRESS	2101 N 31ST ROAD	STREET ADDRESS	9720 NW 4TH ST.		
CITY-ST-ZIP	HOLLYWOOD, FL 33021	CITY-ST-ZIP	PEMBROKE PINES, FL 33024		
TITLE	DCMO <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BRENNER, MARK	NAME	DOMO ERIC CROWDER		
STREET ADDRESS	299 SW 12 AVENUE	STREET ADDRESS	112 CLAIRMONT LANE		
CITY-ST-ZIP	BOCA RATON, FL 33486	CITY-ST-ZIP	PALM BEACH SHORES, FL 33404		
TITLE	DCFO <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FEARON, KATHY	NAME			
STREET ADDRESS	431 SW 29TH AVENUE	STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312	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: <i>Walter Midyette</i>		Date: <i>4/24/08</i>		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					