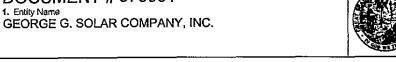
2006 FOR PROFIT CORPORATION

FILED Apr 17, 2006 08:00 Al Secretary of State

CR2E034 (11/05)

المتعاو		ANNU	AL REPOR	T	
DOC	UMENT	r#376001	_		T
1. Entity N	lame				- 17



Principal Place of Business

4407 W SOUTH AVE TAMPA, FL 33614-6445 Mailing Address 4407 W SOUTH AVE TAMPA, FL 33614-6445



DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

4. FEI Number	Applied For
59-1314899	Not Applicable

No Chg-P

01242006

SOLAR, GEORGE G. 1302 W. ADALEE STREET TAMPA, FL. 33603

DO NOT WRITE IN THIS SPACE

TAMPA, FL 33603			IN THIS SPACE						
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									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		 Election Campaign Finance Trust Fund Contribution. 	cing	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	TORS			-				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOLAR, GEORGE G. 1302 W ADALEE STREET TAMPA, FL				1100000514872 04/29/06-80186-017 158.75				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOLAR, MARY S. 1302 W ADALEE STREET TAMPA, FL								
TITLE NAME STREET ADDRESS GITY-ST-ZIP				DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
ITTLE NAME STREET ADDRESS CITY-ST-DP		15. fa. 1		object of the Ohmer and	O Their Character Market				
12. Thereby certify that the Information supplied with this filling 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 path; that I am an officer or director.									

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 true tee empoyinged 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/06 873

Daytime Phone #