2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 24, 2008 08:00 AF **DOCUMENT # 525008 Secretary of State** 1. Entity Name SOLTI CONSTRUCTION COMPANY, INCORPORATED Principal Place of Business Mailing Address 44 COQUINA RIDGE WAY 44 COOUINA RIDGE WAY ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174 US No Cha-P CR2E034 (11/05) 01162008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1740625 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE SOLTI, PETER ROBERT 44 COQUINA RIDGE WAY ORMOND BEACH, FL 32174 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, typed or printed name of registered agent and tale if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. VSD TITLE NAME SOLTI, DONNA CLARK STREET ADDRESS 44 COQUINA RIDGE WAY CITY-ST-ZIF ORMOND BEACH, FL PTD TITLE 01/29/08-80007-021-150:00 SOLTI, PETER ROBERT STREET ADDRESS 44 COQUINA RIDGE WAY ORMOND BEACH, FL CITY-ST-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STRUET ADDRESS

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 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:

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP