2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# 616789

Entity Name: SOLAR-TITE, INC.

Current Principal Place of Business:

395 COMMERCIAL STREET
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

395 COMMERCIAL STREET
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 59-1893188 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLT, NEWELL L
395 COMMERCIAL STREET
CASSELLBERRY, FL 32707 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: PD ( ) Delete
Name: HOLT, NEWELL L.,
Address: 6981 SYLVAN WOODS DR
City-St-Zip: SANFORD, FL 327716435

Title: S ( ) Delete
Name: HOLT, RUTH K.,
Address: 6981 SYLVAN WOODS DR
City-St-Zip: SANFORD, FL 327716435

Title: VP ( ) Delete
Name: HOLT, JOSIE A
Address: 2691 AMAYA TERRACE
City-St-Zip: LAKE MARY, FL 32746

Title: VP ( ) Delete
Name: ROETHER, SUZANNE P
Address: 970 COUNTRY CLUB DR
City-St-Zip: SANFORD, FL 32773

Title: VP ( ) Delete
Name: HOLT, RICHARD A
Address: 210 TIMBER COVE CIRCLE
City-St-Zip: LONGWOOD, FL 32779

Title: VP ( ) Delete
Name: HOLT, DAVID L
Address: 110 ALDEAN DRIVE
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: HOLT, JOSIE A
Address: 593 WALDEN VIEW DR
City-St-Zip: SANFORD, FL 32771

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SUZANNE P. ROETHER VP 01/14/2009

Electronic Signature of Signing Officer or Director — Date