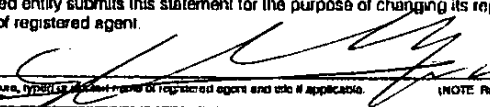


FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90051 043 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 634010			
1. Entity Name XOLAR CORPORATION OF FLORIDA			
Principal Place of Business 702 NE 2ND AVE FORT LAUDERDALE, FL 33304		Mailing Address 702 NE 2ND AVE FORT LAUDERDALE, FL 33304	
2. Principal Place of Business - No P.O. Box # The Palm 2100 North Ocean Blvd. Suite, Apt. #, etc. Apt. 1201 City & State Ft. Lauderdale, FL		3. Mailing Address The Palm 2100 North Ocean Blvd. Suite, Apt. #, etc. Apt. 1201 City & State Ft. Lauderdale, FL	
Zip 33305	Country USA	Zip 33305	Country USA
4. FEI Number 66-0400913		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SHELLEY, SHELLEY W 702 NE 2ND AVE FORT LAUDERDALE, FL 33304		7. Name and Address of New Registered Agent	
Name			
Street Address (P.O. Box Number is Not Acceptable)			
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 X 		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT SHELLEY, SHELLEY W 702 NE 2ND AVE FORT LAUDERDALE, FL 33304 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT Shelley, Shelley W The Palm 2100 North Ocean Blvd. Fort Lauderdale, FL 33305 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: X 		4-17-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40073104



04182007 Chg-P CR2E034 (12/08)