APR-18-2007 12:47P FROM:STORESHELLE LLC 7872573075

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2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 634010

1. Entity Name
XOLAR CORPORATION OF FLORIDA

400/3/30

04182007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
702 NE 2ND AVE FORT LAUDERDALE, FL 33304	702 NE 2ND AVE FORT LAUDERDALE, FL 33304

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
The Palm 2100 North Ocean Blvd		The Palm 2100 North Ocean Blvd.	
Suite, Apt. #, etc. Apt. 1201		Suite, Apt. #, etc. Apt. 1201	
City & State Ft. Lauderdale, FL		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 [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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
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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 [signature] 4-17-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #