2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 648786

Entity Name: SOLAR CITY, INC.

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4305 W ALVA STREET 1423 GUNN HWY

TAMPA, FL 33614 US ODESSA, FL 33556 US

Current Mailing Address: New Mailing Address:

6420 BENJAMIN ROAD 1115 GUNN HWY

TAMPA, FL 33634 US ODESSA, FL 33556 US

FEI Number: 59-2010522 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GINSBERG, MICHAEL D ESQ
6420 BENJAMIN ROAD
6420 BEN

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: 04/15/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Name:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PDTS () Delete Title: PDTS (X) Change () Addition SCHABES, ROBERT J JR Name: SCHABES, ROBERT J JR

 Address:
 6420 BENJAMIN ROAD
 Address:
 1115 GUNN HWY

 City-St-Zip:
 TAMPA, FL 33634
 City-St-Zip:
 ODESSA, FL 33556

Title: CD () Delete Title: CD (X) Change () Addition Name: BENTLEY, CHARLES W II Name: BENTLEY, CHARLES W II

Address: 6420 BENJAMIN ROAD Address: 1115 GUNN HWY
City-St-Zip: TAMPA, FL 33634 City-St-Zip: ODESSA, FL 33556

Title: V () Delete Title: V (X) Change () Addition

 Name:
 LARGE, STEVEN
 Name:
 LARGE, STEVEN

 Address:
 6420 BENJAMIN ROAD
 Address:
 1115 GUNN HWY

 City-St-Zip:
 TAMPA, FL 33634
 City-St-Zip:
 ODESSA, FL 33556

Title: V () Delete Title: V (X) Change () Addition

 Name:
 SCHABES, ROBERT W
 Name:
 SCHABES, ROBERT W

 Address:
 6420 BENJAMIN ROAD
 Address:
 1115 GUNN HWY

 City-St-Zip:
 TAMPA, FL 33634
 City-St-Zip:
 ODESSA, FL 33556

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: ROBERT J SCHABES, JR P 04/15/2009