2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #657473

FILED
Jan 10, 2007 08:00 AM
Secretary of State

1. Entity Name CLIMATIC -	SOLAR CORPORATION						
Principal Place of	Business	Mailing Address					
650 2ND LANE VERO BCH, FL 3	12962 US	650 2ND LANE VERO BCH, FL 32962 US					
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	NOT WRITE	IN THIS SPA	GE (mark)	4. FEI Numb 59-198			Applied For Not Applicable
		Frage Comments of the State of Comments of the			of Status Desired	\$8. Fee	.75 Additional Required
6	. Name and Address of Current Re	gistered Agent	34.34 × 3 × 4 × 5	The State of the	2.0		5 S S S
GARRIS, CHARLES E 817 BEACHLAND BKLVD VERO BEACH, FL 32963			DO NOT WRITE IN THIS SPACE				
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the obligations	ned entity submits this statement for the of registered agent.	ne purpose of changing its register	ed office or reg	istered agent, or bo	th, in the State of Flor	ida. I am famil	liar with, and accept
SIGNATURESigna	sture, typed or printed name of registered agent and	title if applicable. (NOTE: Registere	d Agent signature rec	puired when reinstating)		DATE	
FILE N After May 1	OWIII FEE IS \$150.00 I, 2007 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DI	RECTORS	1,	and the second second		in the second of	ک وہا کا کا ایک کا میں کا وہوں کا مارک کے میں کا کا میں کا میں کا میں کا میں کا میں کا میں کا انتہاں کی کا میں کا انتہاں کی کا انتہاں کی کا میں
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12. I hereby certify that the information supplied with this fitting does not qualify for the exemptions contained in Chapter 119, Florida Statules. 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

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME STREET ADDRESS

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

PORT SAINT LUCIE, FL 34984

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/07 772-567-31 ac