2008 FOR PROFIT CORPORATION

FILED Jan 16, 2008 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT #657473** 1. Entity Name **CLIMATIC - SOLAR CORPORATION** Principal Place of Business Mailing Address 650 2ND LANE 650 2ND LANE VERO BCH, FL 32962 US VERO BCH, FL 32962 US No Chg-P 01042008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1983528 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent GARRIS, CHARLES E DO NOT WRITE 817 BEACHLAND BKLVD VERO BEACH, FL 32963 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE DRNDAK, JOHN J NAME STREET ADDRESS 650 2ND LANE CITY-ST-ZIP VERO BEACH, FL 32962 000000786152 01/17/08-80028-025 150.00 TITLE DELANEY, ERIK F NAME STREET ADDRESS 333 SE WHITMORE DRIVE CITY-ST-ZIP PORT SAINT LUCIE, FL 34984 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby 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 of flustee 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 en address, w

SIGNATURE:

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

> E AND TYPED (PRINTED NAME OF SIGNING OFFICER OR DIRECTOR