2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002553

Entity Name: SOLETANCHE, INC.

FILED Jul 06, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
401 EAST JEFFERSON, SUITE 201 ROCKVILLE, MD 20850				7205 CORPORATE CENTER DR STE 503 MIAMI, FL 33126			
Current Mailing Address:				New Mailing Address:			
401 EAST JEFFERSON, SUITE 201 ROCKVILLE, MD 20850			7205 CORPORATE CENTER DR STE 503 MIAMI, FL 33126				
FEI Number: 13-1954492 FEI Number Applied For () FEI Number			mber Not Applicable () Certificate of Status Desired ()				
Name and Address of Current Registered Agent: Name					ame and Address of New Registered Agent:		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US							
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:							
Electronic Signature of Registered Agent					Date		
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$			
Title: Name: Address: City-St-Zip:	TARRALLE, BER	ERSON, SUITE 201		Title: Name: Address: City-St-Zip:	TARRALLE,	EFFERSON, SUITE 203	
Title: Name: Address: City-St-Zip:	ST () I AMALVY, MARC 6 RUE DE WATF NANTERRE, FRA			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () I BOCQUENTIN, N 6 RUE DE WATF NANTERRE, FRA	ORD		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VAST () I HOURNBUCKLE 401 EAST JEFFE ROCKVILLE, MD	, LEWIS ERSON, SUITE 201		Title: Name: Address: City-St-Zip:	HOURNBUC	DRATE CENTER DR, STE 503	
Title: Name: Address: City-St-Zip:	LEFEBURE, LÁU	ERSON, SUITE 201		Title: Name: Address: City-St-Zip:	LEFEBVRE,	DRATE CENTER DR, STE 503	
Title: Name: Address: City-St-Zip:	VP () I DEGEN, WILEHI 401 EAST JEFFE ROCKVILLE, MD	ERSON STE 201		Title: Name: Address: City-St-Zip:	DEGEN, WIL	DRATE CENTER DR, STE 503	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LEWIS HOURNBUCKLE VP 07/06/2005