2006 FOR PROFIT CORPORATION

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DESCRIPE

May 01, 2006 8:00 am Secretary of State **ANNUAL REPORT** 05-01-2006 90325 010 ***150.00 **DOCUMENT # F01000003518** SOL PROPERTY DEVELOPMENT, INC. Mailing Address Principal Place of Business 2340 PERIWINKLE WAY 2340 PERIWINKLE WAY UNIT M-1 UNIT M-1 SANIBEL, FL 33957 SANIBEL, FL 33957 2. Principal Place of Business 3. Mailing Address 100 Congress Avenue 100 Congress Avenue Suite, Apt. #. etc. Suite 2200 Suite, Apt. #, etc. Suite 2200 04172006 CR2E034 (11/05) City & State City & State Applied For 4. FEI Number 74-3006476 Austin_ TX Austin, IX Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 78701 **USA** 78701 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GIORDANI, ROSEANNE 2340 PERIWINKLE WAY, UNIT M-1 Street Address (P.O. Box Number is Not Acceptable) SANIBEL, FL 33957 City 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 SIGNATURE. Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PST Delete MILE ☐ Change Addition GRALNICK, MARVIN J. NAME NAME STREET ADDRESS 2340 PERIWINKLE WAY, UNIT M-1 STREET ADDRESS CITY-ST-ZIP SANIBEL, FL 33957 CITY-ST-7IP TITLE Detete MILE ☐ Change ☐ Addition GRALNICK, MARVIN J NAME NAME STREET ADDRESS 2340 PERIWINKLE WAY, UNIT M-1 STREET ADDRESS SANIBEL, FL 33957 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THUE ☐ Change ☐ Addition GIORDANI, ROSEANNE HAME NAME STREET ADDRESS 2340 PERIWINKLE WAY, UNIT M-1 STREET ADDRESS SANIBEL, FL 33957 CITY-ST-ZIP CITY-ST-7IP TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE MDF ☐ Delete ☐ Channe ☐ Addition NAME RAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP TITLE Delete ME ☐ Change ☐ Addition NAME KAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 truspee empowered to precute this vehort as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED