


FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90277 024 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F05000004975	
1. Entity Name THE SOLVIS GROUP, INC.	

Principal Place of Business 305 BARCLAY CIRCLE - SUITE 1003 ROCHESTER HILLS, MI 48307	Mailing Address 305 BARCLAY CIRCLE - SUITE 1003 ROCHESTER HILLS, MI 48307
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DO NOT WRITE IN THIS SPACE

40086877



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number 16-1668900	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOD BONAR, BRIAN 9449 BALBOA AVE. SUITE 210 SAN DIEGO, CA 92123
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCOO BRAND, BILL 30161 SOUTHFIELD ROAD, SUITE 205 SOUTHFIELD, MI 48076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GAER, ERIC 9449 BALBOA AVE., SUITE 210 SAN DIEGO, CA 92123
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C GREEN, RICHARD 9449 BALBOA AVE., SUITE 210 SAN DIEGO, CA 92123
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JONAS CAPEZZUTO 1580 S. LEWIS ST ANAHEIM, CA 92805
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06
Date

Daytime Phone #