2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001672

Entity Name: STANDARD SOLAR INC.

FILED Jan 04, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 15200 SHADY GROVE ROAD 202 PERRY PARKWAY, #7 ROCKVILLE, MD 20850 GAITHERSBURG, MD 20877 **Current Mailing Address: New Mailing Address:** PO BOX 83309 202 PERRY PARKWAY GAITHERSBURG, MD 20883 SUITE #7 GAITHERSBURG, MD 20877 FEI Number: 20-2099746 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PRESIDENTIAL SERVICES INCORPORATED 1217 CAPE CORAL PARKWAY NO. 300 CAPE CORAL, FL 33904 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition WILLIAMS, NEVILLE Name: Name: 152 LITTLE QUARRY ROAD Address: Address: City-St-Zip: GAITHERSBURG, MD 20878 City-St-Zip: Title: Title: () Delete () Change () Addition Name: BRAUN, GERALD Name: 14801 BRAEMAR CRESCENT WAY Address: Address: DARNESTOWN, MD 20878 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition THOMASON, BOB Name: Name: 2518 ROSWELL AVENUE Address: Address: City-St-Zip: CHARLOTTE, NC 28209 City-St-Zip: Title: () Delete Title: () Change () Addition FORKAN, PATRICIA Name: Name: Address: 152 LITTLE QUARRY ROAD Address: City-St-Zip: GAITHERSBURG, MD 20878 City-St-Zip: Title: **PRES** Title: (X) Change () Addition () Delete **PRES** Name: CLIFFORD, ANTHONY E Name: CLIFFORD, ANTHONY E

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

1743 Q STREET NW

WASHINGTON, DC 20009

SIGNATURE: ANTHONY E CLIFFORD PRES 01/04/2008

1730 18TH STREET NW

WASHINGTON, DC 20009

Address: City-St-Zip: