2007 FOR PROFIT CORPORATION **FILED ANNUAL REPORT** Jan 19, 2007 08:00 AN DOCUMENT # F06000005682 **Secretary of State** 1. Entity Name GAMMA SOLAR CORP. Principal Place of Business Mailing Address 1465 ESTANCIA CIRCLE 1465 ESTANCIA CIRCLE WESTON, FL 33327 WESTON, FL 33327 01032007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-5185887 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **BUSINESS FILINGS INCORPORATED** DO NOT WRITE 1203 GOVERNOR'S SQUARE BLVD SUITE 101 IN THIS SPACE TALLAHASSEE, FL 32301-2960 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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PTD TIME NAME STRAKA, SCOTT STREET ADDRESS 34 REDINGTON ROAD CITY-ST-ZIP WHITEHOUSE STATION, NJ 08889 TELE NAME MAGASREVY, RODOLFO U00000592892 01/22/07-80010-010 158.75 STREET ADDRESS 1465 ESTANCIA CIRCLE CITY-ST-78P WESTON, FL 33327 TITLE TOSHIO VY. JOGE NAME 1-15-9 MORIYAMA-CHO HITACHI-CITY IBAARAKI-STREET ADDRESS DO NOT WRITE CITY-ST-ZIP HITACHI CITY JAPAN 316-0025,

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 a tusine 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:

TITLE

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

SIGNATURE AND TYPED OR PRINTED NAME OF AIGNING OFFICER OR DIRECTO

Date /17/07 9542172942