

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F07328

FILED
Aug 28, 2009
Secretary of State**Entity Name:** SOLAR SANITATION, INC.**Current Principal Place of Business:**15123 63RD ST N ORTH
CLEARWATER, FL 34620 US**New Principal Place of Business:**15123 63RD ST NORTH
CLEARWATER, FL 33760 US**Current Mailing Address:**P.O. BOX 7057
CLEARWATER, FL 34618 US**New Mailing Address:**P.O. BOX 7057
CLEARWATER, FL 33758 US**FEI Number:** 59-2190086**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**EARLINE DICEGLIE
15123 63RD ST N
CLEARWATER, FL 34620 US**Name and Address of New Registered Agent:**EARLINE DICEGLIE
131 10TH AVE
INDIAN ROCKS BEACH, FL 33785 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:

08/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DINARDI, ANTHONY
Address: 588 HUNGRY HARBOR RD.
City-St-Zip: NO. WOODMERE, NY 11581

Title: VP () Delete
Name: DICEGLIE, EARLINE
Address: 15123 63RD ST N
City-St-Zip: CLEARWATER, FL 33760

Title: T () Delete
Name: DINARD, JOYCE
Address: 588 HUNGRY HARBOR RD.
City-St-Zip: NORTH WOODMERE, NY 11581

Title: T () Delete
Name: DICEGLIE, NICOLA
Address: 374 12TH AVE.
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DINARDI, ANTHONY
Address: 15123 63RD ST N
City-St-Zip: CLEARWATER, FL 33760

Title: VP (X) Change () Addition
Name: DICEGLIE, EARLINE
Address: 131 10TH AVE
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: T (X) Change () Addition
Name: DINARD, JOYCE
Address: 15123 63RD ST N
City-St-Zip: CLEARWATER, FL 33760

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: NICOLA DICEGLIE

T

08/28/2009

Electronic Signature of Signing Officer or Director

Date