

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F07328

**FILED**  
**Dec 01, 2009**  
**Secretary of State****Entity Name:** SOLAR SANITATION, INC.**Current Principal Place of Business:**15123 63RD ST NORTH  
CLEARWATER, FL 33760 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 7057  
CLEARWATER, FL 33758 US**New Mailing Address:****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  
131 10TH AVE  
INDIAN ROCKS BEACH, FL 33785 US**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

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

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

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

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: VP (X) Change ( ) Addition  
Name: DICEGLIE, NICOLA  
Address: 374 12TH AVE.  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

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

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

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: EARLINE DICEGLIE

VP

12/01/2009

Electronic Signature of Signing Officer or Director

Date