

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Apr 11, 2006
Secretary of State**

DOCUMENT# N01000004407

Entity Name: SOLOMON'S HOUSE INC.

Current Principal Place of Business:

1801 7TH AVE. EAST
BRADENTON, FL 34208

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 207
TALLEVAST, FL 34270

New Mailing Address:

FEI Number: 65-1116293 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WEEKS, BETTY
1817 7TH AVE. EAST
BRADENTON, FL 34208 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: BETTY WEEKS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WEEKS, JIMMIE
Address: 1817 7TH AVE. EAST
City-St-Zip: BRADENTON, FL 34208

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

Title: D () Delete
Name: MCCORMICK, MARY
Address: 2618 24TH ST.
City-St-Zip: SARASOTA, FL 34234

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

Title: D () Delete
Name: WILSON, TRESSIA
Address: 4813 PACER LN.
City-St-Zip: COLORADO SPRINGS, CO 80917

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

Title: D () Delete
Name: BATTIE, BARBARA
Address: 1201 20TH ST.
City-St-Zip: BRADENTON, FL 34208

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

Title: S () Delete
Name: BUTLER, ANGELA
Address: 1521 31ST STREET
City-St-Zip: SARASOTA, FL 34234

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

Title: T () Delete
Name: COLLINS, VORONDO
Address: 2505 13TH ST. WEST
City-St-Zip: BRADENTON, FL 34205

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

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIMMIE WEEKS

PD

04/11/2006

Electronic Signature of Signing Officer or Director

Date