

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011367

FILED
Aug 31, 2007
Secretary of State

Entity Name: SOLAGE INC.

Current Principal Place of Business:

257 WASHINGTON PL
ORMOND BCH, FL 32174

New Principal Place of Business:

Current Mailing Address:

257 WASHINGTON PL
ORMOND BCH, FL 32174

New Mailing Address:

FEI Number: 20-3925940 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:

AZAMA, HELEN
257 WASHINGTON PL
ORMOND BCH, FL 32174 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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: AZAMA, HELEN
Address: 257 WASHINGTON PL
City-St-Zip: ORMOND BCH, FL 32174

Title: D () Delete
Name: HARRIS, TSHWANDA
Address: 7513 FT DESOTO #124
City-St-Zip: ORLANDO, FL 32822

Title: D () Delete
Name: HARRIS, JERENA
Address: 3140 TALL PINE LN APT 3
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: HARRIS, TSHWANDA
Address: 430 PARK TREE TERRACE APT 2512
City-St-Zip: ORLANDO, FL 32825

Title: D (X) Change () Addition
Name: HARRIS, JERENA
Address: 3333 MONUMENT ROAD APT 815
City-St-Zip: JACKSONVILLE, FL 32225

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELEN AZAMA

DP

08/31/2007

Electronic Signature of Signing Officer or Director

Date