

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011367

FILED  
May 05, 2008  
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: 430 PARK TREE TERRACE APT 2512  
City-St-Zip: ORLANDO, FL 32825

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

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

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

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

Title: D      (X) Change ( ) Addition  
Name: HARRIS, JERENA  
Address: 3333 MONUMENT ROAD APT 1111  
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

DIR

05/05/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date