2001 UNIFORM BUSINESS REPORT (UBR) May 22, 2001 8:00 am DOCUMENT # P00000035121 Secretary of State SOLAR TAN, INC. 05-22-2001 90800 029 ***150.00 Principal Place of Business Mailing Address 882 N. FEDERAL HUY 882 N. FEDERAL HWY POMPANO BEACH, FL 33062 POMPANO BEACH, FL 33062 659172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State .City.&.State_ 4. FEI Number Applied For 65-099627 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREGG M. PALEY, ESQUIRE ELVIRA ROWLAND Street Address (P.O. Box Number is Not Acceptable) WICKENS & LEBOW 350 FAIRWAY DRIVE #101 DEERFIELD BEACH.FL 33441 Zip Code 8. 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. D/P/S/T TITLE ☐ Delete ELVIRA P. ROWLAND NAME NAME STREET ADDRESS 2771 NE 15th STREET STREET ADDRESS CITY-ST-7IP POMPANO BEACH, FL 33062 CITY-ST-ZIP TITLE Oelete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITI F ☐ Delete TITLE Change Addition NAME NAME

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-7IP

SIGNATURE: X ELYCA GOWLAND & 5/1/b

STREET ADDRESS

CITY-ST-ZIP

954-181-6904 Daytime Phone #