


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000044394 1. Entity Name SOLID WALL SYSTEMS, INC.	
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Principal Place of Business 6905 N. WICKHAM ROAD SUITE 501 MELBOURNE, FL 32940	Mailing Address 6905 N. WICKHAM ROAD SUITE 501 MELBOURNE, FL 32940
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04042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3714312	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BUESCHER, KEITH
6905 N. WICKHAM ROAD
SUITE 501
MELBOURNE, FL 32940**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BUESCHER, SCOTT 6905 N. WICKHAM ROAD, SUITE 501 MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BUESCHER, HOWARD 6905 N. WICKHAM ROAD, SUITE 501 MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BUESCHER, KEITH 6905 N. WICKHAM ROAD, SUITE 501 MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOLINA, MARK 6905 N. WICKHAM ROAD, SUITE 501 MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY YELLAND, RONALD J 6905 N. WICKHAM ROAD, SUITE 501 MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KUSH, ROBERT M 6905 N. WICKHAM ROAD, SUITE 501 MELBOURNE, FL 32940

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05/20/08-80037-024 138.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **ROBERT M. KUSH** 4/21/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #