2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000074959

Entity Name: SOLICORE, INC

FILED Jan 06, 2006 Secretary of State

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Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:	
	RSTATE DR D, FL 33805				
Current Mailing Address:			New Maili	New Mailing Address:	
	RSTATE DR D, FL 33805				
FEI Number	: 59-3734204	FEI Number Applied For()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
LAKELANI	RSTATE DR D, FL 33805	US submits this statement for the puri	oose of changing i	ts registered office or registered agent, or both,	
	e of Florida.			,	
SIGNATUI					
	Electron	ic Signature of Registered Agent		Date	
Election Car	npaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	O () NELSON, CRAI 2700 INTERST/ LAKELAND, FL	ATE DR	Title: Name: Address: City-St-Zip:	O (X) Change () Addition COREY, DAVID 2700 INTERSTATE DR LAKELAND, FL 33805	
Title: Name: Address: City-St-Zip:	O () BOYER, PAUL 2700 INTERSTA LAKELAND, FL	ATE DR	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () MEUNIER, CLA 2700 INTERST/ LAKELAND, FL	ATE DRIVE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition MACDONALD, SCOTT 2700 INTERSTATE DRIVE LAKELAND, FL 33805	
Title: Name: Address: City-St-Zip:	D () KNIGHTON, ER 2700 INTERSTA LAKELAND, FL	ATE DRIVE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition TERK, BEN 2700 INTERSTATE DRIVE LAKELAND, FL 33805	
Title: Name: Address: City-St-Zip:	D () LESE, WILLIAN 2700 INTERSTA LAKELAND, FL	ATE DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () RAJ, ATLURU 2700 INTERSTA LAKELAND, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	

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

SIGNATURE: PAUL BOYER O 01/06/2006