## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000089579

Entity Name: SOLVOX, INC.

FILED Jan 16, 2009 Secretary of State

| Current Pr  | rincipal Place  | of Business:                   | New Principal Place                         | New Principal Place of Business:             |  |
|---|---|--------------------------------|---|--|--|
| 5976 20TH   | ST.   |                                |   |  |  |
| #126<br>VERO BEA  | ACH, FL 32966   |                                |   |  |  |
| Current Ma  | ailing Address  | s:                             | New Mailing Addres                          | New Mailing Address:                         |  |
| P.O. BOX 3<br>BALLENTIN   | 38<br>NE, SC 29002                                    |                                |   |  |  |
| FEI Number:   | 59-3742896  | FEI Number Applied For()       | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: |   |                                |   |  |  |
| DELRAY B The above  | RALS WAY<br>EACH, FL 334                              |                                | ırpose of changing its registere            | ed office or registered agent, or both,      |  |
| SIGNATURE:  |   |                                |   |  |  |
|   | Electroni   | c Signature of Registered Ager | nt  | Date   |  |
| Election Campaign Financing Trust Fund Contribution ( ).                                |   |                                |   |  |  |
| OFFICERS AND DIRECTORS:   |   |                                | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | CD () RETSKE, LINDA<br>P.O. BOX 38<br>BALLENTINE, SO  |                                | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | PD () RETSKE, M. EUG<br>P.O. BOX 38<br>BALLENTINE, SG |                                | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
|   |   |                                |   |  |  |

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

SIGNATURE: GENE RETSKE PD 01/16/2009