2005 FOR PROFIT CORPORATION ANNUAL REPORT

8/29/2005-90149-001-$400.00-$400.00 *
8/29/2005-90149-002-$150.00-$150.00

FILED

05 SEP 15 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
66027363

DOCUMENT # P01000108475

1. Entity Name
SOLUTIONS ENTERPRISE OF AMERICA INC.

Principal Place of Business	Mailing Address
11199 POLO CLUB RD SUITE A WELLINGTON, FL 33414	11199 POLO CLUB RD SUITE A WELLINGTON, FL 33414

08122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0692147
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

INCANDELA, RICHARD M
17148 GULF PINE CIRLCE
WELLINGTON, FL 33414

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

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	INCANDELA, RICHARD
STREET ADDRESS	17148 GULF PINE CIRCLE
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 9/12/05 561-793-1927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #