2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000023939

1. Entity Name
SOLAR BUILDING #2, INC.

Principal Place of Business	Mailing Address
5628 NW 8TH STREET MARGATE, FL 33063	5628 NW 8TH STREET MARGATE, FL 33063

DO NOT WRITE IN THIS SPACE

01252006   No Chg-P   CR2E034 (11/05)

4. FEI Number 02-0557735	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

FOWLER, JAMES W
11003 BOSTON DRIVE
COOPER CITY, FL 33026

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 _____

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	PTD
NAME	FOWLER, JAMES W
STREET ADDRESS	11003 BOSTON DRIVE
CITY-ST-ZIP	COOPER CITY, FL 33025
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/08/06-B0004-020 150.00

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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: _James W. Fowler_   JAMES W. FOWLER   2-20-06   854-972-8474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #