

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000061459

FILED
Apr 06, 2007
Secretary of State

Entity Name: SOLARIS MEDICAL SOLUTIONS, INC.

Current Principal Place of Business:

PO BOX 300728
FERN PARK, FL 327300728

New Principal Place of Business:

285 SOUTH ST.
FERN PARK, FL 32730

Current Mailing Address:

PO BOX 300728
FERN PARK, FL 327300728

New Mailing Address:

FEI Number: 92-0194046

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHUMWAY, SHANNON A
285 SOUTH ST
FERN PARK, FL 32730 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SHUMWAY, SHANNON A
Address: PO BOX 300728
City-St-Zip: FERN PARK, FL 327300728

Title: CFO () Delete
Name: TUGGLE, SAGE C
Address: PO BOX 300728
City-St-Zip: FERN PARK, FL 327300728

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHANNON A. SHUMWAY

DP

04/06/2007

Electronic Signature of Signing Officer or Director

Date