


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000123310 Entity Name SOLAR ENERGY CONTROL, INC.	
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Principal Place of Business
**POST OFFICE BOX 541480
LAKE WORTH, FL 33454**

Mailing Address
**POST OFFICE BOX 541480
LAKE WORTH, FL 33454**



01202006 No Chg-P CR2E034 (11/05)

4. FEI Number 45-0528692	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MORAN, MICHAEL
8170 AMBACH WAY
LAKE WORTH, FL 33462**

**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**

**1000000394701
01/26/06-80022-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MORAN, MICHAEL
STREET ADDRESS	8170 AMBACH WAY
CITY-ST-ZIP	LAKE WORTH, FL 33462

TITLE	
NAME	
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CITY-ST-ZIP	

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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 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:

Michael Moran **MICHAEL MORAN** **1-20-06** **561/968**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #