2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 17, 2008 08:00 AM Secretary of State DOCUMENT # P03000123310 SOLAR ENERGY CONTROL, INC. Principal Place of Business Mailing Address POST OFFICE BOX 541480 POST OFFICE BOX 541480 LAKE WORTH, FL 33454 LAKE WORTH, FL 33454 01152008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 45-0528692 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MORAN, MICHAEL DO NOT WRITE 8170 AMBACH WAY IN THIS SPACE LAKE WORTH, FL 33462 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. DATE .Signature, typed or printed name of registered agent and little il applicable. (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2008 Fee will be \$550.00 Added to Fees . OFFICERS AND DIRECTORS 10. TITLE NAME MORAN, MICHAEL STREET ADDRESS 8170 AMBACH WAY LAKE WORTH, FL 33462 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with 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 attach per with an address; with a property of the corporation of the receiver or trustee empowered.

STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO