2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000001352

Entity Name: SOLAR ERECTORS U.S. INC.

FILED Apr 06, 2005 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:		
10501 NW 121ST WAY MEDLEY, FL 33178						
Current Mailing Address:			New Mailir	New Mailing Address:		
10501 NW MEDLEY, F	121ST WAY L 33178					
FEI Number:	20-0584089	FEI Number Applied For ()	FEI Number Not Appli	cable () Ce	rtificate of Status Desired ()	
Name and	Address of Cเ	ırrent Registered Agent:	Name and	Address of New	Registered Agent:	
	SYSTEMS E ISLAND RD DN, FL 33324	US				
The above in the State	named entity su of Florida.	ubmits this statement for the pur	pose of changing it	s registered office	or registered agent, or both,	
SIGNATURE:						
	Electronic	Signature of Registered Agent	:		Date	
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	FRANCISOSA, LI 332 JONES RD,		Title: Name: Address: City-St-Zip:	()Cha	nge()Addition	
Title: Name: Address: City-St-Zip:	FRANCIOSA, MA 332 JONES RD,		Title: Name: Address: City-St-Zip:	()Cha	nge()Addition	
Title: Name: Address: City-St-Zip:	FRANCIOSA, DO 332 JONES RD,		Title: Name: Address: City-St-Zip:	()Cha	nge()Addition	
Title: Name: Address: City-St-Zip:	SPIEGEL, SIDNE 132 SHEPPERD	Delete :Y AVE. WEST, SUITE 200 DNTARIO, CAN, M2N 1M5 OC	Title: Name: Address: City-St-Zip:	() Cha	nge()Addition	
Title: Name: Address: City-St-Zip:	SPIEGEL, ROBE 132 SHEPPERD	Delete RT AVE. WEST, SUITE 200 ONTARIO, CAN, M2N 1M5 OC	Title: Name: Address: City-St-Zip:	()Cha	nge()Addition	
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	VP () Cha WHITCHER, WILLIA 10501 NW 121ST W MEDLEY, FL 33178	/AY	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM WHITCHER VP 04/06/2005