2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000001352

Entity Name: SOLAR ERECTORS U.S. INC.

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10501 NW 121ST WAY MEDLEY, FL 33178 **Current Mailing Address: New Mailing Address:** 10501 NW 121ST WAY MEDLEY, FL 33178 FEI Number: 20-0584089 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BURKE, RICHARD CT CORPORATION SYSTEM 10501 NW 121ST WAY 1200 SOUTH PINE ISLAND RD. MEDLEY, FL 33178 PLANTATION, FL 33324 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: CT CORPORATION 04/22/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition FRANCISOSA, FRANK Name: Name: 332 JONES RD, UNIT 1 Address: Address: City-St-Zip: STONEY CREEK, ON L8E 5N2 CA City-St-Zip: Title: Title: () Delete () Change () Addition FRANCIOSA, MARIO Name: Name: 332 JONES RD, UNIT 1 Address: Address: STONEY CREEK, ON L8E 5N2 CA City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition FRANCIOSA, DOMENIC Name: Name: 332 JONES RD. UNIT 1 Address: Address: City-St-Zip: STONEY CREEK, ON L8E 5N2 CA City-St-Zip: Title: () Delete Title: () Change () Addition SPIEGEL, SIDNEY Name: Name: Address: 132 SHEPPERD AVE. WEST, SUITE 200 Address: City-St-Zip: NORTH YORK, ON M2N 1M5 CA City-St-Zip: Title: Title: () Delete () Change () Addition SPIEGEL, ROBERT Name: Name: 132 SHEPPERD AVE. WEST. SUITE 200 Address: Address: City-St-Zip: NORTH YORK, ON M2N 1M5 CA City-St-Zip: Title: () Delete Title: () Change () Addition WHITCHER, WILLIAM Name: Name: 10501 NW 121ST WAY Address: Address: City-St-Zip: City-St-Zip: MEDLEY, FL 33178 US

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM WHITCHER VP 04/22/2009