2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000004967

Entity Name: SOLIS ORTHOTICS & PROSTHETICS INC.

FILED Jan 24, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4635 N HARBOR CITY BLVD. BUILDING B PALM SHORES, FL 32935 U

Current Mailing Address: New Mailing Address:

4635 N HARBOR CITY BLVD. BUILDING B PALM SHORES, FL 32935 US

FEI Number: 20-2143489 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:

LORENZO, TERESA A

40 SUNDUNES CIRCLE

PONCE INLET, FL 32127 US

LORENZO, TERESA A

4635 N US HWY 1, BLDG B

MELBOURNE, FL 32935 US

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: TERESA A. LORENZO 01/24/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRFS () Delete Title: PRFS (X) Change () Addition LORENZO, TERESA A LORENZO, TERESA A Name: Name: 40 SUNDUNES CIRCLE 4635 N US HWY 1, BLDG B Address: Address: City-St-Zip: PONCE INLET, FL 32127 US City-St-Zip: MELBOURNE, FL 32925 US

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: TERESA A. LORENZO PRES 01/24/2007