2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000036793

Entity Name: SOLUTION CONTRACTOR, INC.

FILED May 22, 2006 Secretary of State

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

3801 DOUBLE EAGLE CT #3411 322 STIMSON ST ORLANDO, FL 32839 ORLANDO, FL 32839

Current Mailing Address: New Mailing Address:

 3801 DOUBLE EAGLE CT #3411
 322 STIMSON ST

 ORLANDO, FL 32839
 ORLANDO, FL 32839

FEI Number: 20-2503320 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:

CONTAXGONZALEZ SERVICE, CORP. 4142 W OAKRIDGE RD STE 102 ORLANDO, FL 32809 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:

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: LOZANO, CAROLINA
Address: 3801 DOUBLE EAGLE CT #3411
Address: 322 STIMSON ST
Other Character Company Com

City-St-Zip: ORLANDO, FL 32839 City-St-Zip: ORLANDO, FL 32839

 Title:
 T
 () Delete
 Title:
 S
 (X) Change () Addition

 Name:
 REY, ROBERTO
 Name:
 ROBLES, JOSE L

 Address:
 4744 KENPTONE DR.
 Address:
 1743 AMERICANA BLVD # 22 F

 City-St-Zip:
 ORLANDO, FL 32812
 City-St-Zip:
 ORLANDO, FL 32839

Title: S () Delete Title: T (X) Change () Addition Name: ROBLES, JOSE L Name: GIRALDO, OSCAR

 Name:
 ROBLES, JOSE L
 Name:
 GIRALDO, OSCAR

 Address:
 1743 AMERICANA BLVD #22 F
 Address:
 322 STIMSON ST

 City-St-Zip:
 ORLANDO, FL 32839
 City-St-Zip:
 ORLANDO, FL 32809

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: CAROLINA LOZANO PDTE 05/22/2006