


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90015 046 ***155.00

DOCUMENT # P05000036940		
1. Entity Name SOLO VENTURES CORP		

Principal Place of Business 10753 CRESCENT LANE CLERMONT, FL 34711	Mailing Address 10753 CRESCENT LANE CLERMONT, FL 34711
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2. Principal Place of Business 10753 CRESCENT LN	3. Mailing Address 10753 CRESCENT LN.
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State CLERMONT FL.	City & State CLERMONT FL.
Zip 34711	Zip 34711
Country LAKE	Country LAKE

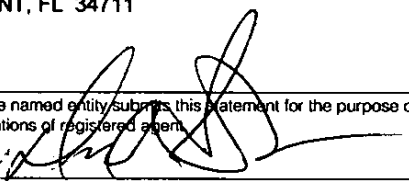


01042006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2416777 EN#	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SOLOMON, DAVID L 10753 CRESCENT LANE CLERMONT, FL 34711	7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

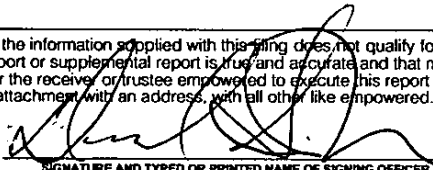
SIGNATURE:  DATE: **2-9-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SOLOMON, DAVID L		NAME N/A	
STREET ADDRESS 10753 CRESCENT LANE		STREET ADDRESS N/A	
CITY-ST-ZIP CLERMONT, FL 34711		CITY-ST-ZIP N/A	
TITLE VP	<input type="checkbox"/> Delete	TITLE N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SOLOMON, LISA D		NAME N/A	
STREET ADDRESS 10753 CRESCENT LANE		STREET ADDRESS N/A	
CITY-ST-ZIP CLERMONT, FL 34711		CITY-ST-ZIP N/A	
TITLE N/A	<input type="checkbox"/> Delete	TITLE N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME N/A		NAME N/A	
STREET ADDRESS N/A		STREET ADDRESS N/A	
CITY-ST-ZIP N/A		CITY-ST-ZIP N/A	
TITLE N/A	<input type="checkbox"/> Delete	TITLE N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME N/A		NAME N/A	
STREET ADDRESS N/A		STREET ADDRESS N/A	
CITY-ST-ZIP N/A		CITY-ST-ZIP N/A	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **DAVID L. SOLOMON** DATE: **2-9-06** DAYTIME PHONE #: **352-243-0296**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR