2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000060980

Title:

Name:

Address:

City-St-Zip:

FILED Jan 05, 2006 Secretary of State

Entity Name: SOLSTICE ENGINEERING, INC. **Current Principal Place of Business: New Principal Place of Business:** 1040 EMERALD LANE 104 EMERALD LANE LARGO, FL 33771 LARGO, FL 33771 **Current Mailing Address: New Mailing Address:** 1040 EMERALD LANE PO BOX 21702 ST. PETERSBURG, FL 33742 LARGO, FL 33771 US FEI Number: 20-2740678 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: LYNCH, GARRICK J 9996 SEMINOLE BLVD SEMINOLE, FL 33772 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: CCP (X) Change () Addition LONG, JAMES BEDENKO, EDWARD J Name: Name: 1040 EMERALD LANE PO BOX 21702 Address: Address: City-St-Zip: LARGO, FL 33771 US City-St-Zip: ST. PETERSBURG, FL 33742 US Title: () Delete Title: DCV () Change (X) Addition Name: Name: STEINER, DAVID W Address: Address: PO BOX 21702 ST. PETERSBURG, FL 33742 US City-St-Zip: City-St-Zip: Title: Title: () Delete DCVS () Change (X) Addition LONG, JAMES R Name: Name: PO BOX 21702 Address Address: City-St-Zip: City-St-Zip: ST. PETERSBURG, FL 33742 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: EDWARD JAMES BEDENKO COB 01/05/2006

() Delete

() Change (X) Addition

LONG, WENDY M

ST. PETERSBURG, FL 33742 US

PO BOX 21702