FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90030 008 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000061091

1. Entity Name
SOLO EDTECH INC.

40014490

Principal Place of Business	Mailing Address
10642 BEACH PALM COURT, SUITE B BOYNTON BEACH, FL 33437	300 EAST 85TH STREET, SUITE 3004 NEW YORK, NY 10028

01252006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
300 East 85th Street	
Suite, Apt. #, etc.: Suite 3004	Suite, Apt. #, etc.
City & State: New York, NY	City & State
Zip: 10028 Country: US	Zip Country

4. FEI Number 59-3803972 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET, 4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DPS NAME SOLOMON, GWEN STREET ADDRESS 10642 BEACH PALM COURT, SUITE B CITY-ST-ZIP BOYNTON BEACH, FL 33437	☐ Delete	TITLE NAME STREET ADDRESS 300 E. 85 Street/Apt 3004 CITY-ST-ZIP New York, NY 10028	☒ Change ☐ Addition
TITLE VT NAME SOLOMON, STAN STREET ADDRESS 10642 BEACH PALM COURT, SUITE B CITY-ST-ZIP BOYNTON BEACH, FL 33437	☐ Delete	TITLE NAME STREET ADDRESS 300 E 85 Street/Apt 3004 CITY-ST-ZIP New York, NY 10028	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Stanley H. Solomon Stanley H. Solomon VT 2/8/06 646 633 7222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #