


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90081 013 ***150.00

DOCUMENT # P05000061091		
1. Entity Name SOLO EDTECH INC.		

Principal Place of Business 300 E 85TH ST STE 3004 NEW YORK, NY 10028	Mailing Address 300 EAST 85TH STREET, SUITE 3004 NEW YORK, NY 10028
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2. Principal Place of Business - No P.O. Box # 180 West End Avenue Suite, Apt. #, etc. 2L	3. Mailing Address 180 West End Avenue Suite, Apt. #, etc. 2L
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City & State New York, NY	City & State New York, NY
Zip 10023	Zip 10023
Country USA	Country USA

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET, 4TH FLOOR MIAMI, FL 33145	
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01052007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3803972	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input 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 NAME STREET ADDRESS CITY-ST-ZIP	DPS SOLOMON, GWEN 300 E 85TH ST APT 3004 NEW YORK, NY 10028 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Solomon, GWEN 180 West End Avenue / Apt. 2L New York, NY 10023 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VI SOLOMON, STAN 300 E 85TH ST APT 3004 NEW YORK, NY 10028 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Solomon, STAN 180 West End Avenue / Apt. 2L New York, NY 10023 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 Solomon	Date: 1/18/07	Daytime Phone #: 472-5055
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SOLO EDTECH, INC.
180 WEST END AVE.
#2L
NEW YORK, NY 10023