2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 28, 2008 08:00 AM DOCUMENT # P05000061091 **Secretary of State** 1. Entity Name SOLO EDTECH INC. Principal Place of Business Mailing Address 180 WEST END AVE 180 WEST END AVE NEW YORK, NY 10023 NEW YORK, NY 10023 ASTROITE IN THIS SPACE S are the continued by the second of the sec DO NOT WRITE IN THIS SPACE 01082008 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 59-3803972 Not Applicable \$8,75 Additional and the state of t 5. Certificate of Status Desired Fee Required And the second s 6. Name and Address of Current Registered Agent DO NOT WRITE SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET, 4TH FLOOR MIAMI, FL 33145 IN THIS SPACE and the second of the second o 8. The above named entily 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) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees DO NOT WRITE IN THIS SPACE After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS IIILE SOLOMON, GWEN NAME STREET ADDRESS 180 WEST END AVE APT 2L NEW YORK, NY 10023 CITY-ST-ZIP CEO TITLE SOLOMON, STAN NAME 180 WEST END AVE APT 2L STREET ADDRESS CITY-ST-7IP NEW YORK, NY 10023 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP NAME The state of the s STREET ADDRESS CITY-ST-ZIP 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. Man 16 SIGNATURE:

FILED