


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90032 025 ***150.00

DOCUMENT # P05000109789		
1. Entity Name SOLARA SALES, INC.		

Principal Place of Business 12508 SHERMAN DRIVE HUDSON, FL 34667	Mailing Address 5143 COMMERCIAL WAY SPRINGHILL, FL 34606
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2. Principal Place of Business - No P.O. Box # 18735 WATER LILY LA. HUDSON, FL 34667	3. Mailing Address 12508 SHERMAN DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State HUDSON, FL	City & State HUDSON, FL
Zip 34667	Country

00001000



01102007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent KLIMIS, GEORGE N 27 E. ORANGE STREET TARPON SPRINGS, FL 34689		7. Name and Address of New Registered Agent Name STOFFO, FREDRICK J. Street Address (P.O. Box Number is Not Acceptable) 12508 SHERMAN DRIVE City HUDSON FL Zip Code 34667	
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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: <i>Fredrick J. Stoffo</i>	DATE: 1-23-07

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	D STOFFO, FREDRICK J 12508 SHERMAN DRIVE HUDSON, FL 34667 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOFFO, LILLIAN M 12508 SHERMAN DRIVE HUDSON, FL 34667 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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 life empowered.	
SIGNATURE: <i>Fredrick J. Stoffo</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	FREDRICK J. STOFFO 1-23-07 Date Daytime Phone #