


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 23, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90294 001 \*\*\*300.00

<b>DOCUMENT # P06000083379</b>	
1. Entity Name <b>SOLEY ENTERPRIZES INC.</b>	

Principal Place of Business <b>6214 HUNTSMAN PASS MILTON, FL 32570</b>	Mailing Address <b>6214 HUNTSMAN PASS MILTON, FL 32570</b>
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**66021305**



2. Principal Place of Business - No P.O. Box # <b>6331 Hall Road</b>	3. Mailing Address <b>6331 Hall Road</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

08202007 Chg-P CR2E034 (12/06)

City & State <b>Jay, Florida</b>	City & State <b>Jay, Florida</b>
Zip <b>32565</b>	Zip <b>32565</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>80-5273976</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>SOLEY, JENNICE 6214 HUNTSMAN PASS MILTON, FL 32570</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SOLEY, JENNICE 6214 HUNTSMAN PASS MILTON, FL 32570 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6331 Hall Road Jay, Florida 32565</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SOLEY, LAWRENCE E. 6214 HUNTSMAN PASS MILTON, FL 32570 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6331 Hall Road Jay, Florida 32565</b>
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
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
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
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:** Jennice Soley Jennice Soley 8/29/07 850-626-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT  
66021305

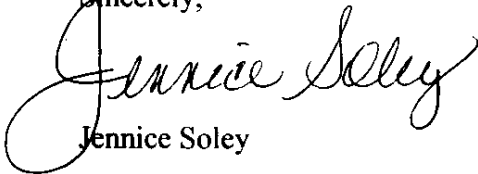
August 20, 2007

Florida Department of State  
Secretary of State  
Division of Corporations  
P.O. Box 8700  
Tallahassee, Florida 32314

Re: Document # P06000083379 Soley Enterprizes Inc.  
Tax payer ID # 20-5272976

Enclosed please find 2007 Annual Report a fee of \$150.00 is pending in your office as of  
May 4, 2007 for report.

Sincerely,

  
Jennice Soley