

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000076888

Entity Name: SOLAFEET, INC.

FILED  
Sep 22, 2008  
Secretary of State

## Current Principal Place of Business:

1657A W. UNIVERSITY PARKWAY  
SARASOTA, FL 34243 US

## New Principal Place of Business:

4040 42ND ST.  
SARASOTA, FL 34235 US

## Current Mailing Address:

1657A W. UNIVERSITY PARKWAY  
SARASOTA, FL 34243 US

## New Mailing Address:

P.O. BOX 52071  
SARASOTA, FL 34232 US

FEI Number: 26-0549040

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMALLBIZ AGENTS, LLC  
4244 W. TENNESSEE ST. #185  
TALLAHASSEE, FL 32304 US

## Name and Address of New Registered Agent:

JOHNSON, WILLIAM L PRES  
4040 42ND ST.  
SARASOTA, FL 34235 US

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.

SIGNATURE: WILLIAM L. JOHNSON

09/22/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: JOHNSON, WILLIAM L  
Address: 4040 42ND ST.  
City-St-Zip: SARASOTA, FL 34235 US

Title: VP ( ) Delete  
Name: JOHNSON, COLLEEN A  
Address: 4040 42ND ST.  
City-St-Zip: SARASOTA, FL 34235 US

Title: SEC ( ) Delete  
Name: JOHNSON, COLLEEN A  
Address: 4040 42ND ST.  
City-St-Zip: SARASOTA, FL 34235 US

Title: TRE ( ) Delete  
Name: JOHNSON, WILLIAM L  
Address: 4040 42ND ST.  
City-St-Zip: SARASOTA, FL 34235 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM L. JOHNSON

PRES

09/22/2008

Electronic Signature of Signing Officer or Director

Date