

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000126589

FILED
Jul 09, 2008
Secretary of State

Entity Name: SOLARX HEALTH SOLUTIONS INC.

Current Principal Place of Business:

2318 N.W. BAY COLONY CT.
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

2318 N.W. BAY COLONY CT.
STUART, FL 34994 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
320 S. FLAMINGO ROAD
#347
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: GENG, GLENN W
Address: 2318 N.W. BAY COLONY CT.
City-St-Zip: STUART, FL 34994 US

Title: TRES () Delete
Name: NICHOLL, SANDY
Address: 2318 N.W. BAY COLONY CT.
City-St-Zip: STUART, FL 34994 US

Title: SECT () Delete
Name: GENG, LISA F
Address: 2318 N.W. BAY COLONY CT.
City-St-Zip: STUART, FL 34994 US

Title: DIR () Delete
Name: GENG, GLENN W
Address: 2318 N.W. BAY COLONY CT.
City-St-Zip: STUART, FL 34994 US

Title: DIR () Delete
Name: NICHOLL, MALCOM
Address: 2318 N.W. BAY COLONY CT.
City-St-Zip: STUART, FL 34994 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:

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: GLENN W GENG

PRES

07/09/2008

Electronic Signature of Signing Officer or Director

Date