

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000018629

Entity Name: SOLAMATRIX, INC.

FILED
Mar 27, 2009
Secretary of State

Current Principal Place of Business:

2630 FAIRFIELD AVE S
ST PETERSBURG, FL 33712 US

New Principal Place of Business:

Current Mailing Address:

2630 FAIRFIELD AVE S
ST PETERSBURG, FL 33712 US

New Mailing Address:

FEI Number: 26-2037389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHN H. RAINS III, P.A.
501 EAST KENNEDY BOULEVARD
SUITE 750
TAMPA, FL 33602 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: FLETCHER, DAVID
Address: 501 EAST KENNEDY BLVD., SUITE 750
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: KWAN, ANDREW
Address: 501 EAST KENNEDY BLVD., SUITE 750
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: WOON, WEE HIAN
Address: 501 EAST KENNEDY BLVD., SUITE 750
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: PAREKH, MAYANK
Address: 2630 FAIRFIELD AVE S
City-St-Zip: ST. PETERSBURG, FL 33712

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: DAVID FLETCHER

PSD

03/27/2009

Electronic Signature of Signing Officer or Director

Date