

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000026938

Entity Name: SOLAR KINGS INC.

FILED
Feb 05, 2009
Secretary of State

Current Principal Place of Business:

3795 FANTASY WAY
BROOKSVILLE, FL 34604

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15749
BROOKSVILLE, FL 34604

New Mailing Address:

FEI Number: 26-2179280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REVENTAS, JOHN
3795 FANTASY WAY
BROOKSVILLE, FL 34604 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: P () Delete
Name: KING, RONALD
Address: 3795 FANTASY WAY
City-St-Zip: BROOKSVILLE, FL 34604

Title: VP () Delete
Name: KING, AARON
Address: 3795 FANTASY WAY
City-St-Zip: BROOKSVILLE, FL 34604

Title: TREA () Delete
Name: REVENTAS, JOHN
Address: 3795 FANTASY WAY
City-St-Zip: BROOKSVILLE, FL 34604

Title: SECT () Delete
Name: REVENTAS, CAROL
Address: 3795 FANTASY WAY
City-St-Zip: BROOKSVILLE, FL 34604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: KING, RONALD
Address: 3795 FANTASY WAY
City-St-Zip: BROOKSVILLE, FL 34604

Title: VP/D (X) Change () Addition
Name: REVENTAS, CAROL
Address: 3795 FANTASY WAY
City-St-Zip: BROOKSVILLE, FL 34604

Title: VP/T (X) Change () Addition
Name: REVENTAS, JOHN
Address: 3795 FANTASY WAY
City-St-Zip: BROOKSVILLE, FL 34604

Title: S (X) Change () Addition
Name: REVENTAS, CAROL
Address: 3795 FANTASY WAY
City-St-Zip: BROOKSVILLE, FL 34604

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: CAROL REVENTAS

VP/D

02/05/2009

Electronic Signature of Signing Officer or Director

_____ Date