


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000007683</b>	
1. Entity Name S.O.L.E. GROUP, INC.	

Principal Place of Business 4606 S.E. AZIMUTH WAY STUART, FL 34997	Mailing Address 3624D SW QUAIL MEADOW TR PALM CITY, FL 34990 US
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**DO NOT WRITE IN THIS SPACE**



02102008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0475227</b>	Applied For 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

CLAIR, BARBARA A  
3624D S.W. QUAIL MEADOW TRAIL  
PALM CITY, FL 34990

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAIR, EDWARD J 4606 SE AZIMUTH WAY STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLAIR, BARBARA A 3624D S.W. QUAIL MEADOW TRAIL PALM CITY, FL 34990
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02/25/08-80007-021 150.00

**DO NOT WRITE  
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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:** Barbara A Clair BARBARA H. CLAIR 2-12-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #