

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000078762

FILED
May 10, 2006
Secretary of State

Entity Name: SOLOMON ASSOCIATES INTERNATIONAL, INC.

Current Principal Place of Business:

5301 W CYPRESS
SUITE 202
TAMPA, FL 33607

New Principal Place of Business:

1314 RIVERSIDE DR
TARPON SPRINGS, FL 34689

Current Mailing Address:

5301 W CYPRESS
SUITE 202
TAMPA, FL 33607

New Mailing Address:

P.O. BOX 2504
TARPON SPRINGS, FL 346882504

FEI Number: 59-3399266

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEKONNEN, SOLOMON
5301 W. CYPRESS
SUITE 202
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

MEKONNEN, SOLOMON
1314 RIVERSIDE DR
TARPON SPRINGS, FL 34689 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:

05/10/2006

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: PD () Delete
Name: MEKONNEN, SOLOMON
Address: 5301 W. CYPRESS SUITE 202
City-St-Zip: TAMPA, FL 33607

Title: STVP () Delete
Name: SALING, GARY
Address: 5301 W. CYPRESS SUITE 202
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MEKONNEN, SOLOMON
Address: 1314 RIVERSIDE DR
City-St-Zip: TARPON SPRINGS, FL 34689

Title: T (X) Change () Addition
Name: SALING, GARY
Address: 2053 ACADEMY CT
City-St-Zip: NEW PORT RICHEY, FL 34655

I hereby certify that the information supplied with this filing does not qualify for the 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: GARY SALING

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05/10/2006

Electronic Signature of Signing Officer or Director

Date