2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# P97000005319

Entity Name: SOLAR SOLUTIONS, INC.

Current Principal Place of Business:

6509 N HIMES AVE
SUITE D
TAMPA, FL 33614 US

New Principal Place of Business:

4605 DEERWALK AVENUE
TAMPA, FL 33624 US

Current Mailing Address:

6509 N HIMES AVE
SUITE D
TAMPA, FL 33614 US

New Mailing Address:

4605 DEERWALK AVENUE
TAMPA, FL 33624 US

FEI Number: 59-3418256 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DICKENS, MARK S
7628 NORTH 56 STREET SUITE 15
TAMPA, FL 33617 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: CONVERSE, TIM
Address: 4605 DEERWALK AVENUE
City-St-Zip: TAMPA, FL 33624

Title: V ( ) Delete
Name: THORNTON, MICHAEL
Address: 9420 LAZY LANE #DE7
City-St-Zip: TAMPA, FL 33614

Title: T ( ) Delete
Name: JAMES, VINCE
Address: 4605 DEERWALK AVE.
City-St-Zip: TAMPA, FL 33624

Title: S ( ) Delete
Name: WILSON, JASON
Address: 4605 DEERWALK AVE.
City-St-Zip: TAMPA, FL 33624

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: TIM CONVERSE P 04/27/2009

Electronic Signature of Signing Officer or Director Date