


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90176 009 ***150.00

DOCUMENT # P97000085703 1. Entity Name SOLUNET HOLDING COMPANY, INC.					
Principal Place of Business 7703 TECHNOLOGY DRIVE SUITE 100 WEST MELBOURNE, FL 32904			Mailing Address 7703 TECHNOLOGY DRIVE SUITE 100 WEST MELBOURNE, FL 32904		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO O'REILLY, PHILIP 7703 TECHNOLOGY DRIVE, SUITE 100 WEST MELBOURNE, FL 32904		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. TREASURER, SECRETARY WETZEL, DORIAN 7703 TECHNOLOGY DR., SUITE 100 WEST MELBOURNE, FL 32904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LEDER, MARC 5200 TOWN CENTER CIRCLE, SUITE 470 BOCA RATON, FL 33486		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS KROUSE, RODGER 5200 TOWN CENTER CIRCLE, SUITE 470 BOCA RATON, FL 33486		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MARBLE, STEVE 5200 TOWN CENTER CIRCLE, SUITE 470 BOCA RATON, FL 33486		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TERRY, CLARENCE 5200 TOWN CENTER CIRCLE, SUITE 470 BOCA RATON, FL 33486		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LIFF, M. STEVEN 5200 TOWN CENTER CIRCLE, SUITE 470 BOCA RATON, FL 33486		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: _____ TREASURER, DORIAN W. WETZEL 4/27/06 321-676-7947 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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4. FEI Number 91-1878504 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required