

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 05, 2007 8:00 am**  
**Secretary of State**

07-05-2007 90057 014 \*\*\*158.75

<b>DOCUMENT # P97000085703</b> 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 91-1878504	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO O'REILLY, PHILIP 7703 TECHNOLOGY DRIVE, SUITE 100 WEST MELBOURNE, FL 32904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GILLEN, MICHAEL 5200 TOWN CENTER CIRCLE, SUITE 470 BOCA RATON, FL 33486	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LEDER, MARC 5200 TOWN CENTER CIRCLE, SUITE 470 BOCA RATON, FL 33486	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NELSON, ERIC 5200 TOWN CENTER CIRCLE, SUITE 470 BOCA RATON, FL 33486	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS KROUSE, RODGER 5200 TOWN CENTER CIRCLE, SUITE 470 BOCA RATON, FL 33486	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TERRY, CLARENCE 5200 TOWN CENTER CIRCLE, SUITE 470 BOCA RATON, FL 33486	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MARBLE, STEVE 5200 TOWN CENTER CIRCLE, SUITE 470 BOCA RATON, FL 33486	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LIFF, M. STEVEN 5200 TOWN CENTER CIRCLE, SUITE 470 BOCA RATON, FL 33486	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b>  <b>PHILIP O'REILLY</b> <b>6/29/07</b> <b>321-676-7947</b> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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