2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED
Jan 21, 2005 8:00 am
Secretary of State
01-21-2005 90083 016 ***150.00

DOCUMENT # P98000013219 SOLÉNT, INC. Principal Place of Business Mailing Address 40004036 1858 RINGLING BLVD. 1858 RINGLING BLVD. SARASOTA, FL 34236 SARASOTA, FL 34236 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 65-0814363 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GLENDINNING, RENEA M Street Address (P.O. Box Number is Not Acceptable) 1858 RINGLING BLVD. SARASOTA, FL 34236 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD TITLE Change Change Delete ■ Addition HARRINGTON, NORMAN C NAME NAME 600 CUTTER LANE STREET ADDRESS STREET ADDRESS LONGBOAT KEY, FL 34228 CITY-ST-ZIP CITY-ST-ZIP ,Change TITLE Delete TITLE ☐ Addition NAME HARRINGTON, JUDITH A NAME STREET ADORESS **609 CUTTER LANS** STREET ADDRESS CITY-ST-ZIP LONGBOAT KEY, FL 34228 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GLENDINNING, RENEA M NAME NAME 1858 RINGLING BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-7IP SARASOTA, FL 34236 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Oelete TITLE TID F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 fike empowered.

Nalos Koneam 365-4617 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFISER OR DIRECTOR