2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000050761

1. Entity Name

SOLÁRSYSTEMONLINE.COM, INC.



FILED Apr 07, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

615 N RIVERSIDE DRIVE INDIALANTIC, FL 32903

P.O BOX 33398

INDIALANTIC, FL 32903



DO NOT WRITE IN THIS SPACE

04022008

No Chg-P

CR2E034 (11/05)

FEI Number
 59-3580863

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PREECE, JAMES E 615 N RIVERSIDE DRIVE INDIALANTIC, FL 32903

DO NOT WRITE IN THIS SPACE

8. The above	named entity submits this statement for the purpose	of changing its registered office or registered agent, or both, in the Sta	ite of Florida. I am familiar with, and accept
the obligations of registered agent.			
÷:.	•		
SIGNATURE	<u> </u>		
	Signature, typed or printed name of registered agent and title it applicable	le (NOTE: Registered Agent signature required when reinstating)	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees U00000884239 04/17/08-80036-002 150.00

}			
10.	OFFICERS AND DIRECTORS		
YITLE NAME STREET ADDRESS CITY-ST-ZIP	D PREECE, JAMES E 615 N. RIVERSIDE DRIVE INDIALANTIC, FL 32903		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PREECE, BETTY P 615 N. RIVERSIDE DRIVE INDIALANTIC, FL 32903		
TITLE NAME STREET ADDRESS CITY-SI-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS* CITY-ST-ZIP			

DO NOT WRITE

12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTO

PREECE

Apr 25008 351437058

Daytime Phone #