

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V04610

Entity Name: SOLICE, INC.

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

BROAD & CASSEL
7777 GLADES RD. #300
BOCA RATON, FL 33434

New Principal Place of Business:

Current Mailing Address:

BROAD & CASSEL
7777 GLADES RD. #300
BOCA RATON, FL 33434

New Mailing Address:

FEI Number: 65-0303309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEUTCH, JEFFREY A. ESQ
7777 GLADES RD.
SUITE 300
BOCA RATON, FL 33434 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: PD () Delete
Name: POMERANTZ, ALICE,
Address: 8600 DECARIE BLVD, STE 200
City-St-Zip: TOWN OF MOUNT ROYA, QC

Title: VT () Delete
Name: GATTINGER, FRANKLIN J
Address: 8600 DECARIE BLVD, STE 200
City-St-Zip: TOWN OF MOUNT ROYAL, QC

Title: CEO () Delete
Name: POMERANTZ, TERRY
Address: 8600 DECARIE #200
City-St-Zip: MT ROYAL, QC, CANADA,

Title: SD () Delete
Name: POMERANTZ, TERRY
Address: 8600 DECARIE #200
City-St-Zip: MT ROYAL, QC, CANADA,

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 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: ALICE POMERANTZ

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date