

1.) CORPORATION NAME:

**Selomons Solutions Inc.**

DUE DATE: **6/30/2010**

SCC ID NO: **06958557**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER  
ELLTA SOLOMON  
4931 MANITOBA DR SUITE102  
ALEXANDRIA, VA 22312**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX CITY (FILED IN FAIRFAX COUNTY)**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4931 MANITOBA DRIVE  
SUITE 102

CITY/ST/ZIP: ALEXANDRIA, VA 22312-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ELLTA SOLOMON	
TITLE:	PRESIDENT	
ADDRESS:	N/A	
CITY/ST/ZIP/CO:	NOT GIVEN, VA 99999-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MAHLET AMSALU	
TITLE:	VICE PRESIDENT	
ADDRESS:	N/A	
CITY/ST/ZIP/CO:	NOT GIVEN, VA 99999-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL SOLOMON	
TITLE:	CHAIRMAN	
ADDRESS:	N/A	
CITY/ST/ZIP/CO:	NOT GIVEN, VA 99999-	

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ ELLTA SOLOMON	ELLTA SOLOMON, PRESIDENT	8/10/2010
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.