


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90181 043 ***150.00

DOCUMENT # P05000052392	
1. Entity Name SONSET DEVELOPMENT CORP.	

Principal Place of Business C/O ROBERT KELLOGG 1220 WESTOAK DRIVE DELAND, FL 32720	Mailing Address C/O ROBERT KELLOGG 1220 WESTOAK DRIVE DELAND, FL 32720
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40000000



2. Principal Place of Business <i>C/O Dean Kellogg</i> Suite, Apt. #, etc. 1221 N. Alabama Ave City & State DeLand, FL Zip 32724 Country USA	3. Mailing Address <i>C/O Dean Kellogg</i> Suite, Apt. #, etc. 1221 N. Alabama Ave City & State DeLand, FL Zip 32724 Country USA
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04182006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2705801	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent KELLOGG, ROBERT 1220 WESTOAK DRIVE DELAND, FL 32720	7. Name and Address of New Registered Agent Name <i>Dean Kellogg</i> Street Address (P.O. Box Number is Not Acceptable) 1221 N. Alabama Ave. City <i>DeLand</i> FL Zip Code 32724
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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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/06
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KELLOGG, ROBERT 1220 WESTOAK DRIVE DELAND, FL 32720 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jaron Kellogg 1105 N. Alabama Ave DeLand, FL 32724 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Dean Kellogg 1221 N. Alabama Ave DeLand, FL 32724 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.

SIGNATURE: *[Signature]* **Dean Kellogg**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06 **386 479 2309**
Date Daytime Phone #