

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003835

FILED
Jul 16, 2008
Secretary of State

Entity Name: SOMNIO OUTREACH SERVICES, INC.

Current Principal Place of Business:

17446 YOUNG AVE
PT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

P O BOX 380866
PT CHARLOTTE, FL 33948

New Mailing Address:

17446 YOUNG AVE
PT CHARLOTTE, FL 33948

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MORTON, LYNDSEY
17446 YOUNG AVE
PT CHARLOTTE, FL 33948 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORTON, LYNDSEY
Address: 17446 YOUNG AVE
City-St-Zip: PT CHARLOTTE, FL 33948

Title: VPD () Delete
Name: TUTTERROW, KERI
Address: 1213 SE 36TH ST
City-St-Zip: CAPE CORAL, FL 33904

Title: SD () Delete
Name: BIRNER, JACQUELINE
Address: 23115 AMETHYST ST
City-St-Zip: PT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MORTON, ANTHONY
Address: 17446 YOUNG AVE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D (X) Change () Addition
Name: BLOCK, ERIN
Address: 17481 MARCY AVE
City-St-Zip: PT CHARLOTTE, FL 33948

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNDSEY MORTON

PD

07/16/2008

Electronic Signature of Signing Officer or Director

_____ Date