

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003967

FILED
Apr 24, 2008
Secretary of State

Entity Name: SONSIO INTERNATIONAL OF FLORIDA, INC.

Current Principal Place of Business:

112 N. RUBEY DRIVE, SUITE 200
GOLDEN, CO 80403

New Principal Place of Business:

Current Mailing Address:

112 N. RUBEY DRIVE, SUITE 200
GOLDEN, CO 80403

New Mailing Address:

FEI Number: 20-2880834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: V () Delete
Name: MCNEILL, RUSSELL D
Address: 112 N. RUBEY DRIVE, SUITE 200
City-St-Zip: GOLDEN, CO 80403

Title: PCEO () Delete
Name: JONES, MICHAEL D
Address: 112 N. RUBEY DRIVE, SUITE 200
City-St-Zip: GOLDEN, CO 80403

Title: V () Delete
Name: O'SULLIVAN, KEVIN M
Address: 112 N. RUBEY DRIVE, SUITE 200
City-St-Zip: GOLDEN, CO 80403

Title: VSD () Delete
Name: JONES, DAVID R
Address: 112 N. RUBEY DRIVE, SUITE 200
City-St-Zip: GOLDEN, CO 80403

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: CFO () Change (X) Addition
Name: THUNELL, WILLIAM F
Address: 112 N. RUBEY DRIVE, SUITE 200
City-St-Zip: GOLDEN, CO 80403

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STACI ALBRECHTSEN

DIR

04/24/2008

Electronic Signature of Signing Officer or Director

Date