## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 03, 2008 8:00 am Secretary of State 03-03-2008 90211 042 \*\*\*150.00

DOCI	JMENT	r # Fne	വെവാ	<b>05241</b>
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Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Fee Required   Status Desired   \$8.75 Additional Fee Required   Status Desired   \$8.75 Additional Fee Required   Status Desired   S	1. Entity Name SONOMA TECHNOLOGY, INC.						03-03-2008	90211 04	.2 ***130	·.00
Suite, Apt. #, etc.  City & State  Country  State Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State Desired  Status Desired  Status Desired  Status Desired  State Suite, Apt. #, etc.  State Status Desired  Status Desired Agent  Status Desired  Status Desired Agent  Status Desired Agent  Status De	3520 NORTH	I WEST 43RD STREET	1360 REDWOOD WAY-	1455 Nort Suite D	th me					1 (
City & State  A. FEI Number of Secretary  Applied Fc 94-2824807  S. Certificate of Status Desired  B. Name and Address of Current Registered Agent  Registered Agent  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  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 Immiliar with, and acceptable of the obligations of registered agent.  Signature  FILE NOWIII FEE IS \$150.00  After May 1, 2008 Fee with be \$550.00  Trust Fund Contribution.  Defended For File State of File Registered Agent upsturer recurred when remakening to the State of File Registered Agent upsturer recurred when remakening to the State of File Registered Agent upsturer recurred when remakening to the State of File Registered Agent upsturer recurred when remakening to the State of File Registered Agent upsturer recurred when remakening to the State of File Registered Agent upsturer recurred when remakening to the State of File Registered Agent upsturer recurred when remakening to the State of File Registered Agent upsturer recurred when remakening to the State of File Registered Agent upsturer recurred when remakening to the State of File Registered Agent upsturer recurred when remakening to the State of File Registered Agent upsturer recurred when remakening to the State of File Registered Agent upsturer recurred when remakening to the State of File Registered Agent upsturer recurred when remakening to the State of File Registered Agent upsturer recurred to the State of File Registered Agent upsturer recurred to the State of File Registered Agent upsturer recurred to the State of File Registered Agent upsturer recurred to the State of File Regis	2. Principal Place of Business - No P.O. Box #		3. Mailing Address	3. Mailing Address						
Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)	Suite, Apt. #, etc.		Suite, Apt. #, etc.			02252008	Chg-P	CR2E0	34 (12/06)	•
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name    Comparison   Compariso	City & State		City & State						<del> </del>	oplied For ot Applicable
Name    Street Address (P.O. Box Number is Not Acceptable)	Zip Country		Zip Country							
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code		6. Name and Address of Current	Registered Agent		•	7. Name and	Address of New I	Registered A	\gent	
Street Address (P.O. Box Number is Not Acceptable)  City	LANDDEN	EAN IOCEDIAN		Name						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and take if applicable.   (NOTE: Registered Agent signature recurred when restasting)   DATE	3520 NOR	TH WEST 43RD STREET		Street Ad	Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent.  SIGNATURE    Signature, typed or protect name of registered agent and late if applicable.   INOTE: Registered Agent signature required when renslating)   DATE		,								
THE OBIGATURE  SIGNATURE  Signature, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when renstating)  PILE NOWILI FEE IS \$150.00 After May 1, 2008 Foe will be \$550.00  9. Election Camparign Financing Trust Fund Contribution.   10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE CHRM BLUMENTHAL, DONALD L 705 CHIQUITA ROAD TITLE NAME TITLE NAME CHINKIN, LYLE TITLE NAME COBERTS, PAUL T STREET ADDRESS CITY-ST-2P STREET ADDRESS STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST-2P STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-2P STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-2P STREET ADDRESS STREET ADDR				City				FL	Zip Cod	е
### STREET ADDRESS CITY-ST-ZIP    FILE NOWIII FEE IS \$150.00   S	the obligat	ions of registered agent.					h, in the State of Fl		amiliar with,	and accept
TITLE NAME BLUMENTHAL, DONALD L STREET ADDRESS CITY-ST-ZIP TITLE NAME BLUMENTHAL, DONALD L TOS CHIQUITA ROAD HEALDSBURG, CA 95448 TITLE NAME BLUMENTHAL, DONALD L TITLE NAME BLUMENTHAL, DONALD L TITLE NAME BLUMENTHAL, DONALD L STREET ADDRESS CITY-ST-ZIP TITLE NAME CITY-ST-ZIP TITLE PLANE STREET ADDRESS CITY-ST-ZIP TITLE PLANE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP		E NOWIII FEE IS \$150.00			\$5.0 Adde	d to Fees				· <u>.</u>
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NAME STREET ADDRESS CITY-ST-ZIP HEALDSBURG, CA 95448 CITY-ST-ZIP  TITLE PD CHINKIN, LYLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE VD NAME ROBERTS, PAUL T STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  NAME ROBERTS, PAUL T STREET ADDRESS CITY-ST-ZIP  SAN RAFAEL, CA 94904  CITY-ST-ZIP  CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP	NAME STREET ADDRESS	BLUMENTHAL, DONALD L 705 CHIQUITA ROAD	☐ Delete	NAME STREET ADDRESS					Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP NAME CHINKIN, LYLE STREET ADDRESS CITY-ST-ZIP NAME ROBERTS, PAUL T STREET ADDRESS CITY-ST-ZIP SAN RAFAEL, CA 94904  NAME CITY-ST-ZIP	NAME STREET ADDRESS	BLUMENTHAL, DONALD L 705 CHIQUITA ROAD	☐ Delete	name Street adoress					☐ Change	☐ Addition
NAME ROBERTS, PAUL T NAME STREET ADDRESS CITY-ST-ZIP SAN RAFAEL, CA 94904 STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	CHINKIN, LYLE 1615 SHENANDOAH	☐ Delete	NAME STREET ADDRESS				-	☐ Change	☐ Addition
	NAME STREET ADDRESS	ROBERTS, PAUL T 22 TERRADILLO AVENUE	☐ Delete	NAME STREET ADDRESS					☐ Change	Addition
TITLE SVTD Delete TITLE Delete TITLE AUSTIN, BARBARA  STREET ADDRESS CONNONTAIL WAY STREET ADDRESS CITY-ST-ZIP WINDSOR, CA 95492 CITY-ST-ZIP	NAME STREET ADDRESS	AUSTIN, BARBARA 135 CONNONTAIL WAY	☐ Delete	NAME STREET ADDRESS					□ Change	Addition
TITLE DYE, TIMOTHY STREET ADDRESS CITY-ST-ZIP SANTA ROSA, CA 95405  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 direction.	NAME STREET ADDRESS CITY-ST-ZiP	D . Delete DYE, TIMOTHY S 204 ALDERBROOK AVENUE SANTA ROSA, CA 95405		NAME STREET ADDRESS CITY-ST-ZIP	ontained	in Chapter 119	. Florida Statutes	I further cert		Addition

SIGNATURE: 4