

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005241

FILED
Jun 29, 2009
Secretary of State

Entity Name: SONOMA TECHNOLOGY, INC.

Current Principal Place of Business:

3520 NORTH WEST 43RD STREET
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

1455 N MCDOWELL SUITE D
PETALUMA, CA 94954

New Mailing Address:

FEI Number: 94-2824807 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANDRENEAU, JOSEPH V
3520 NORTH WEST 43RD STREET
GAINESVILLE, FL 32606 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CHRM () Delete
Name: BLUMENTHAL, DONALD L
Address: 705 CHIQUITA ROAD
City-St-Zip: HEALDSBURG, CA 95448

Title: CEO () Delete
Name: BLUMENTHAL, DONALD L
Address: 705 CHIQUITA ROAD
City-St-Zip: HEALDSBURG, CA 95448

Title: PD () Delete
Name: CHINKIN, LYLE
Address: 1615 SHENANDOAH
City-St-Zip: PETALUMA, CA 94954

Title: VD () Delete
Name: ROBERTS, PAUL T
Address: 22 TERRADILLO AVENUE
City-St-Zip: SAN RAFAEL, CA 94904

Title: SVTD () Delete
Name: AUSTIN, BARBARA
Address: 135 CONNONTAIL WAY
City-St-Zip: WINDSOR, CA 95492

Title: D () Delete
Name: DYE, TIMOTHY
Address: 204 ALDERBROOK AVENUE
City-St-Zip: SANTA ROSA, CA 95405

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

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

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: LYLE R. CHINKIN

Electronic Signature of Signing Officer or Director

PRES

06/29/2009

Date