2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003040

STOLLENWERK, JAY

ORLANDO, FL 32803

3660 MAGUIRE BOULEVARD, SUITE 102

Name:

Address: City-St-Zip:

FILED Jan 14, 2008 Secretary of State

Entity Name: SOONE BUSINESS DEVELOPMENT, INC. **Current Principal Place of Business: New Principal Place of Business:** 3660 MAGUIRE BOULEVARD SUITE 103 ORLANDO, FL 32803 **New Mailing Address: Current Mailing Address:** 3660 MAGUIRE BOULEVARD SUITE 103 ORLANDO, FL 32803 FEI Number: 26-0324272 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATE CREATIONS NETWORK INC. BATES MOKWA, PLLC 11380 PROSPERITY FARMS ROAD 3660 MAGUIRE BLVD. #221E SUITE 102 PALM BEACH GARDENS, FL 33410 US ORLANDO, FL 32803 US 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: AARON BATES, ESQ 01/14/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition JAIMAN, JODI Name: Name: 3660 MAGUIRE BOULEVARD, SUITE 102 Address: Address: City-St-Zip: ORLANDO, FL 32803 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: WILLIAMS, SHANE Name: 3660 MAGUIRE BOULEVARD, SUITE 102 Address: Address: ORLANDO, FL 32803 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JODI JAIMAN PD 01/14/2008