2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003024

FILED Feb 04, 2009 Secretary of State

Entity Name: SOMERO ENTERPRISES, INC.						
Current P	rincipal Place	of Business:	New Principal Place of Business:			
	STATE HWY M ON, MI 49931	26				
Current M	lailing Addres	s:	New Mailing Address:			
PO BOX 3 HOUGHT	09 ON, MI 49931					
FEI Number: 20-3225968 FEI Number Applied For ()		FEI Number Not Applicable () Certificate of Status Desired (atus Desired ()		
Name and	l Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
1201 HAY	ATION SERVIC S STREET SSEE, FL 3230					
	e named entity s e of Florida.	submits this statement for the p	urpose of changing i	s registered office or register	red agent, or both,	
SIGNATU	RE:					
	Electron	ic Signature of Registered Age	nt	Date		
Election Car	mpaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CD () DOUGHTY, STU 46980 N. STATI HOUGHTON, M	E HWY M26	Title: Name: Address: City-St-Zip:	()Change ()Addit	ion	
Title: Name: Address: City-St-Zip:	DP () COONEY, JOHN 46980 N. STATI HOUGHTON, M	E HWY M26	Title: Name: Address: City-St-Zip:	()Change ()Addit	ion	
Title: Name: Address: City-St-Zip:	DVST () NIMELA, MICHA 46980 N. STATI HOUGHTON, M	E HWY M26	Title: Name: Address: City-St-Zip:	DVST (X) Change () Addit NIEMELA, MICHAEL 46980 N. STATE HWY M26 HOUGHTON, MI 49931	ion	
Title: Name: Address: City-St-Zip:	D () ANDERSON, TH 46980 N. STATI HOUGHTON, M	E HWY M26	Title: Name: Address: City-St-Zip:	()Change ()Addit	ion	
Title:	D ()	Delete	Title:	() Change () Addit	ion	

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: MICHAEL NIEMELA **DVST** 02/04/2009

MASKALUNAS, RONALD

HOUGHTON, MI 49931

46980 N. STATE HWY M26

Name:

Address:

City-St-Zip: