2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F80075

City-St-Zip:

FILED Nov 30, 2005 Secretary of State

Entity Name: SONMAN, INC. **Current Principal Place of Business: New Principal Place of Business:** 380 COMMERCE PARKWAY ROCKLEDGE, FL 32955 **Current Mailing Address: New Mailing Address:** 380 COMMERCE PARKWAY ROCKLEDGE, FL 32955 US FEI Number: 59-2204052 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: SPELLMAN, JAMES M 380 COMMÉRCE PARKWAY ROCKLEDGE, FL 32955 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRFS () Delete () Change () Addition SPELLMAN, JAMES M, Name: Name: 380 COMMERCE PARKWAY Address: Address: City-St-Zip: ROCKLEDGE, FL City-St-Zip: () Delete Title: V.P. Title: () Change () Addition Name: HANSON, DIANNA, Name: 380 COMMERCE PARKWAY Address: Address: ROCKLEDGE, FL City-St-Zip: City-St-Zip: () Delete Title: Title: (X) Change () Addition TRES MCKUSICK, PATRICIA SPELLMAN, JAMES M Name: Name: 380 COMMERCE PARKWAY 380 COMMERCE PARKWAY Address: Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: ROCKLEDGE, FL 32955 Title: () Delete Title: SCTY () Change (X) Addition HANSON, DIANNA L Name: Name: Address: Address: 380 COMMERCE PARKWAY City-St-Zip: City-St-Zip: ROCKLEDGE, FL 32955 Title: Title: () Change (X) Addition () Delete TUCKER, JAMES M Name: Name: Address: Address: 380 COMMERCE PARKWAY

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

ROCKLEDGE, FL 32955

SIGNATURE: JAMES M. SPELLMAN PRES 11/30/2005