## 2005 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

## Apr 20, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # F97000002694 1. Entity Name SONMAR DEVELOPMENT CORPORATION Principal Place of Business \_\_\_ Mailing Address 300 MAIN AVE. P.O. BOX, 667 FARGO, ND 58107 US SUITE 112 US\_\_ FARGO, ND 58103 04162005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 45-0411236 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 8. 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 familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campalgn Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE OLSON, DENIS J NAME STREET ADDRESS 2850 LONGFELLOW ROAD CITY-ST-ZIP FARGO, ND 000000318243 .04/20/05-800S0-015 150.00 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify 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 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated in 119.07(3)(i), Florida Statutes. I further certify that the information indicated in 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an adoless, with all other like empowered.

DENIS J. OISON

PRESIDENT

**FILED**