

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003410

FILED
Feb 06, 2006
Secretary of State

Entity Name: SODD, INC.

Current Principal Place of Business:

5894 DAHLIA DRIVE
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

PO BOX 570248
ORLANDO, FL 32857

New Mailing Address:

PO BOX 570248
ORLANDO, FL 32857 02

FEI Number: 75-3056391

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SARA, FONTANEZ
5894 DAHLIA DRIVE
ORLANDO, FL 32807 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

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: FONTANEZ, SARA DIRECTO
Address: 1530 KEARIN LANE
City-St-Zip: ORLANDO, FL 32825 US

Title: S () Delete
Name: GONZALEZ, LUIS
Address: 4404 WINTER OAK LANE
City-St-Zip: ORLANDO, FL 32807 US

Title: T () Delete
Name: ANDUJAR, LYDIA
Address: 6762 HEATHER ROAD
City-St-Zip: ORLANDO, FL 32807 US

Title: M () Delete
Name: GONZALEZ, DEBORA
Address: 537 HISBISUS WAY
City-St-Zip: ORLANDO, FL 32807 US

Title: T () Delete
Name: AGUILO, MIGUEL
Address: 295 OXALIS DRIVE
City-St-Zip: ORLANDO, FL 32807 US

Title: M () Delete
Name: GONZALEZ, FERNANDO
Address: 537 HISBISUS WAY
City-St-Zip: ORLANDO, FL 32807

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
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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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARA FONTANEZ

D

02/06/2006

Electronic Signature of Signing Officer or Director

Date