2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2005
Secretary of State

DOCUMENT# N02000008143

Entity Name: SONETICOM FOUNDATION, INC.

Current Principal Place of Business:

1045 S. JOHN RODES BLVD.
WEST MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

1045 S. JOHN RODES BLVD.
WEST MELBOURNE, FL 32904

New Mailing Address:

FEI Number: 41-2093855 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

O'BRIEN, JAMES M ESQ.
LAW OFFICE OF O'BRIEN RIEMENSCHNEIDER, P.A
1686 WEST HIBISCUS BLVD.
MELBOURNE, FL 32901 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: D ( ) Delete
Name: REYNOLDS, TIMOTHY A
Address: 3870 GARVIN LAKE DRIVE
City-St-Zip: PALM BAY, FL 32909

Title: D ( ) Delete
Name: KINGSLEY, JAMES F
Address: 496 ST. JOHNS DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D ( ) Delete
Name: FINNEY, CARL M
Address: 3520 CEDAR MOUNTAIN AVE
City-St-Zip: MELBOURNE, FL 32934

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:

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

SIGNATURE: BETH COURTNEY, CONTROLLER MS. 07/01/2005
Electronic Signature of Signing Officer or Director — Date