2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011060

Entity Name: SOMTO FOUNDATION, INC.

Apr 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1205 ELLINGTON CT. ST. AUGUSTINE, FL 32084 **Current Mailing Address: New Mailing Address:** 1205 ELLINGTON CT. ST. AUGUSTINE, FL 32084 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NWOGA, IMELDA DR. 1205 ELLINGTON CT. ST. AUGUSTINE, FL 32084 US 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: () Delete (X) Change () Addition NWOGAN, IMELDA DR NWOGA, IMELDA DR Name: Name: Address: 1205 ELLINGTON CT. Address: 1205 ELLINGTON CT. City-St-Zip: ST. AUGUSTINE, FL 32084 City-St-Zip: ST. AUGUSTINE, FL 32084 Title: () Delete Title: () Change () Addition OGBUOKIRI, TINA DR Name: Name: Address: 7200 LAKE BARRINGTON DRIVE Address: City-St-Zip: NEW ORLEANS, LA 70128 City-St-Zip: Title: () Delete Title: () Change () Addition NWOGA, JUDE DR Name: Name: 1205 ELLINGTON CT. Address: Address: City-St-Zip: ST AUGUSTINE, FL 32084 City-St-Zip: Title: () Delete Title: () Change () Addition ALARIBE, CECILIA Name: Name: 6408 WILLOW FOX CIRCLE Address: Address: City-St-Zip: RALEIGH, NC 27616 City-St-Zip:

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

SIGNATURE: IMELDA A NWOGA С 04/01/2009