

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000046958

Entity Name: SONTEAY CORPORATION

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

6415 LAKEWORTH ROAD
SUITE 102
GREENACRES, FL 33463

New Principal Place of Business:

304 LUCERNE AVE
LAKE WORTH, FL 33460

Current Mailing Address:

6415 LAKEWORTH ROAD
SUITE 102
GREENACRES, FL 33463

New Mailing Address:

304 LUCERNE AVE
LAKE WORTH, FL 33460

FEI Number: 75-3151198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARSONS, GRACE MARILYN
6415 LAKEWORTH ROAD
SUITE 102
GREENACRES, FL 33463 US

Name and Address of New Registered Agent:

PARSONS, GRACE MARILYN
304 LUCERNE AVE
LAKE WORTH, FL 33460 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: GRACE MARILYN PARSONS

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PARSONS, MICHAEL R
Address: 6415 LAKEWORTH ROAD
City-St-Zip: GREENACRES CITY, FL 33463

Title: S () Delete
Name: PARSONS, GRACE MARILYN
Address: 6415 LAKEWORTH ROAD
City-St-Zip: GREENACRES CITY, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PARSONS, MICHAEL R
Address: 304 LUCERNE AVE
City-St-Zip: LAKE WORTH, FL 33460

Title: S (X) Change () Addition
Name: PARSONS, GRACE MARILYN
Address: 304 LUCERNE AVE
City-St-Zip: LAKE WORTH, FL 33460

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

SIGNATURE: MICHAEL PARSONS

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date