2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2005
Secretary of State

DOCUMENT# P04000072554

Entity Name: SOMERLAKE, INC.

Current Principal Place of Business:

117 WEST WASHINGTON STREET
MINNEOLA, FL

New Principal Place of Business:

117 WEST WASHINGTON STREET
MINNEOLA, FL 34755 US

Current Mailing Address:

117 WEST WASHINGTON STREET
MINNEOLA, FL

New Mailing Address:

PO BOX 611
MINNEOLA, FL 34755 US

FEI Number: 20-1283415 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PURVIS, SHARON
117 WEST WASHINGTON STREET
MINNEOLA, FL US

Name and Address of New Registered Agent:

PURVIS, SHARON L MRS
PO BOX 611
MINNEOLA, FL 34755 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: SHARON PURVIS 05/25/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PURVIA, SHARON
Address: 117 WEST WASHINGTON STREET
City-St-Zip: MINNEOLA, FL

Title: D ( ) Delete
Name: MC VEIGH, MARY
Address: 117 WEST WASHINGTON STREET
City-St-Zip: MINNEOLA, FL

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: PURVIS, SHARON L MRS
Address: PO BOX 611
City-St-Zip: MINNEOLA, FL 34755 US

Title: D (X) Change ( ) Addition
Name: MC VEIGH, MARY E MRS
Address: PO BOX 611
City-St-Zip: MINNEOLA, FL 34755 US

Title: D ( ) Change (X) Addition
Name: PURVIS, DOMINIC J MR
Address: PO BOX 611
City-St-Zip: MINNEOLA, FL 34755 US

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

SIGNATURE: SHARON PURVIS D 05/25/2005
Electronic Signature of Signing Officer or Director Date