

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000129156

Entity Name: SOTM, INC.

FILED
Jan 03, 2007
Secretary of State

Current Principal Place of Business:

4459 KINGSLYNN RD
NICEVILLE, FL 32578 US

New Principal Place of Business:

Current Mailing Address:

4459 KINGSLYNN RD
NICEVILLE, FL 32578 US

New Mailing Address:

FEI Number: 20-3507095

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWANSIGER, RAYMOND
4459 KINGSLYNN RD
NICEVILLE, FL 32578 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVS () Delete
Name: SWANSIGER, RAYMOND
Address: 4459 KINGSLYNN RD
City-St-Zip: NICEVILLE, FL 32578 US

Title: D () Delete
Name: SWANSIGER, RAYMOND
Address: 4459 KINGSLYNN RD
City-St-Zip: NICEVILLE, FL 32578 US

Title: T () Delete
Name: SWANSIGER, PATRICIA
Address: 4459 KINGSLYNN RD
City-St-Zip: NICEVILLE, FL 32578 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVS (X) Change () Addition
Name: SWANSIGER, RAYMOND G
Address: 4459 KINGSLYNN RD
City-St-Zip: NICEVILLE, FL 32578 US

Title: D (X) Change () Addition
Name: SWANSIGER, RAYMOND G
Address: 4459 KINGSLYNN RD
City-St-Zip: NICEVILLE, FL 32578 US

Title: T (X) Change () Addition
Name: SWANSIGER, PATRICIA H
Address: 4459 KINGSLYNN RD
City-St-Zip: NICEVILLE, FL 32578 US

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

SIGNATURE: RAYMOND G. SWANSIGER

PVS

01/03/2007

Electronic Signature of Signing Officer or Director

Date