

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90049 033 \*\*\*150.00



**DOCUMENT # P06000113876**

1. Entity Name  
**SOVEREIGN COMMUNICATIONS, INC.**

Principal Place of Business <b>2123 NE COACHMAN ROAD          SUITE A          CLEARWATER, FL 33765 US</b>	Mailing Address <b>2123 NE COACHMAN ROAD          SUITE A          CLEARWATER, FL 33765 US</b>
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2. Principal Place of Business - No P.O. Box # <b>23498 US HWY 19 N</b>	3. Mailing Address <b>23498 US HWY 19 N</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01122007 Chg-P CR2E034 (12/06)

City & State <b>CLEARWATER, FL</b>	City & State <b>CLEARWATER, FL</b>	4. FEI Number <b>20-5488589</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33759</b>	Country	Zip <b>33759</b>	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>LITTLE, THOMAS C          2123 N.E. COACHMAN ROAD          SUITE A          CLEARWATER, FL 33765</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City <b>FL</b> Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT RAY DEWOLF 23498 US HWY 19 N CLEARWATER, FL 33759</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT JAMES DARBY 23498 US HWY 19 N CLEARWATER, FL 33759</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY WILLIAM PIEHL 23498 US HWY 19 N CLEARWATER, FL 33759</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ray Dewolf **RAY DEWOLF** PRESIDENT 2/6/2007 727-210-2910  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR