

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

03-31-2008 90039 013 \*\*\*150.00  
P07000034355

**FILED**

2009 JAN 16 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # P07000034355</b>			
1. Entity Name <b>SONOGRAPHIC SOLUTIONS, INC.</b>			
Principal Place of Business <b>1218 SE 22ND TERRACE CAPE CORAL, FL 33990-4688</b>		Mailing Address <b>% ROBERT D. ROYSTON, JR, ESQ P O BOX 60205 FT MYERS, FL 33906</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>C/O John M. Wicker Suite, Apt. #, etc. P.O. Drawer 60205</b>	
Suite, Apt. #, etc.		City & State <b>Fort Myers FL</b>	
City & State		4. FEI Number <b>20-8669548</b>	
Zip		Country <b>USA</b>	
Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ROYSTON, ROBERT D JR, ESQ COSTELLO &amp; ROYSTON, LLP 12670 NEW BRITTANY BLVD - STE 101 FT MYERS, FL 33907</b>		7. Name and Address of New Registered Agent <b>JOHN M. WICKER, P.A. 12670 NEW BRITTANY BLVD., STE 101 FORT MYERS, FL 33907</b>	
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		DATE <b>2/25/08</b>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>PST TSCHAPPAT, BRUCE A 1218 SE 22ND TERRACE CAPE CORAL, FL 339904688</b>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>S08101902909 03/31/08--90039--013 **150.00</b>
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
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 to an address, without other authority empowered.			
SIGNATURE:		DATE <b>3/19/08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

**REINSTATEMENT**  
**2008**