

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000034355

FILED
Feb 13, 2009
Secretary of State

Entity Name: SONOGRAPHIC SOLUTIONS, INC.

Current Principal Place of Business:

1218 SE 22ND TERRACE
CAPE CORAL, FL 339904688

New Principal Place of Business:

Current Mailing Address:

% JOHN M WICKER
P O DRAWER 60205
FT MYERS, FL 33906

New Mailing Address:

C/O JOHN M WICKER, P.A.
P O DRAWER 60205
FT MYERS, FL 33906

FEI Number: 20-8669548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WICKER, JOHN M PA
12670 NEW BRITTANY BLVD
SUITE 101
FT MYERS, FL 33907 US

Name and Address of New Registered Agent:

WICKER, JOHN M
12670 NEW BRITTANY BLVD
SUITE 101
FT MYERS, FL 33907 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: JOHN M. WICKER

02/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: TSCHAPPAT, BRUCE A
Address: 1218 SE 22ND TERRACE
City-St-Zip: CAPE CORAL, FL 339904688

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: TSCHAPPAT, BRUCE A
Address: 1218 SE 22ND TERRACE
City-St-Zip: CAPE CORAL, FL 339904688

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: BRUCE A. TSCHAPPAT

DPST

02/13/2009

Electronic Signature of Signing Officer or Director

Date