

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P29534

1. Entity Name
SUMMUM, INC.



Principal Place of Business
707 GENESEE AVENUE
SALT LAKE CITY, UT 84104

Mailing Address
707 GENESEE AVENUE
SALT LAKE CITY, UT 84104



01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0183572

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CHEW, JOHN A.
7516 ROSEVELT STREET
HOLLYWOOD, FL 33024

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RA, S.B. AMON
STREET ADDRESS	707 GENESEE AVENUE
CITY - ST - ZIP	SALT LAKE CITY, UT 84104
TITLE	D
NAME	CHEW, JOHN A
STREET ADDRESS	7516 ROSEVELT ST.
CITY - ST - ZIP	HOLLYWOOD, FL
TITLE	CSD
NAME	MENU, S. B. NEFFER
STREET ADDRESS	707 GENESEE AVENUE
CITY - ST - ZIP	SALT LAKE CITY, UT 84104
TITLE	CD
NAME	AUA, SB ANU
STREET ADDRESS	707 GENESEE AVENUE
CITY - ST - ZIP	SALT LAKE CITY, UT 84104
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/17/06-80037-006 61.25

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IN THIS SPACE**

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: S.B. Neffer Menu SB. Neffer Menu 1/9/06 355-013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #