

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 A
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**



01052008 No Chg-NP CR2E037 (4/06)

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**

**DO NOT WRITE
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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
TEMU, AMON S.B.
707 GENESEE AVENUE
SALT LAKE CITY, UT 84104**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CHEW, JOHN A
7516 ROSEVELT ST.
HOLLYWOOD, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
MENU, NEFFER S.B.
707 GENESEE AVENUE
SALT LAKE CITY, UT 84104**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CD
AUA, SB ANU
707 GENESEE AVENUE
SALT LAKE CITY, UT 84104**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000778979
01/11/08-80020-005 61.25

**DO NOT WRITE
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SB Neffer Menu
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SB. Neffer Menu
Date

1/7/08 301-355-0137
Daytime Phone #