

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000006334

Entity Name: SONIC ENGINEERING, INC.

FILED  
Apr 17, 2009  
Secretary of State

## Current Principal Place of Business:

8461 LAKE WORTH ROAD  
SUITE 234  
LAKE WORTH, FL 33467 US

## New Principal Place of Business:

9948-B WOODWIND LANE  
LAKE WORTH, FL 33467 US

## Current Mailing Address:

8461 LAKE WORTH ROAD  
SUITE 234  
LAKE WORTH, FL 33467 US

## New Mailing Address:

FEI Number: 65-0642217      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POSSANZA, PAUL J  
8461 LAKE WORTH ROAD  
SUITE 234  
LAKE WORTH, FL 33467 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: POSSANZA, PAUL J  
Address: 8461 LAKE WORTH ROAD SUITE 234  
City-St-Zip: LAKE WORTH, FL 33467 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: POSSANZA, PAUL J  
Address: 9948-B WOODWIND LANE  
City-St-Zip: LAKE WORTH, FL 33467 US

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: PAUL POSSANZA

D

04/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date