## 2006 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** Apr 28, 2006 08:00 AN Secretary of State DOCUMENT # P96000043526 1. Entity Name SONNY A. INC. Principal Place of Business Mailing Address 515 S. RIDGEWOOD AVENUE 515 S. RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114 DAYTONA BEACH, FL 32114 01032006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3383752 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RHYNARD, M A DO NOT WRITE 515 S. RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME ANGRISANI, FRANK T U00000543410 05/10/06-80136-015 150.00 STREET ADDRESS 308 SEABREEZE BOULEVARD CITY-ST-ZIP DAYTONA BEACH, FL 32118 TITIE STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CiTY-ST-7iP TITLE STREET ADDRESS

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 it 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 with an address, with all other like empowered. SIGNATURE: 255-922 NTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP