

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000044496

Entity Name: SONOMA THERAPY, INC.

FILED
Apr 16, 2005
Secretary of State

Current Principal Place of Business:

1808 SE 7TH STREET
FT. LAUDERDALE, FL 33316 US

New Principal Place of Business:

1822 EDGEWOOD AVE SOUTH
JACKSONVILLE, FL 32205 US

Current Mailing Address:

PO BOX 460430
FT. LAUDERDALE, FL 333460430 US

New Mailing Address:

FEI Number: 65-0678677 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLEFSSEN, KRISTINE A
1808 SE 7 STREET
FT. LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

ELLEFSSEN, KRISTINE A
3345 OAK DRIVE
HOLLYWOOD, FL 33021 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:

04/16/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANDERSON, JOHN H
Address: 1808 SE 7 STREET
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: S () Delete
Name: ANDERSON, KATHRYN K
Address: 1808 SE 7 STREET
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: V () Delete
Name: ANDERSON, AMANDA C
Address: 1808 SE 7 STREET
City-St-Zip: FORT LAUDERDALE, FL 33316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ANDERSON, JOHN H
Address: 1822 EDGEWOOD AVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: S (X) Change () Addition
Name: ANDERSON, KATHRYN K
Address: 1822 EDGEWOOD AVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: V (X) Change () Addition
Name: ANDERSON, AMANDA C
Address: 1822 EDGEWOOD AVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32205 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KRISTINE A. ELLEFSSEN

RA

04/16/2005

Electronic Signature of Signing Officer or Director

Date