

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000044496

Entity Name: SONOMA THERAPY, INC.

FILED
Apr 14, 2008
Secretary of State

Current Principal Place of Business:

300 INTERLACHEN AVE
APT 204
WINTER PARK, FL 32789 US

New Principal Place of Business:

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
3345 OAK DRIVE
HOLLYWOOD, FL 33021 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: PD () Delete
Name: ANDERSON, JOHN H
Address: 300 INTERLACHEN AVE # 204
City-St-Zip: WINTER PARK, FL 32789 US

Title: S () Delete
Name: ANDERSON, KATHRYN K
Address: 300 INTERLACHEN AVE # 204
City-St-Zip: WINTER PARK, FL 32789 US

Title: V () Delete
Name: ANDERSON, AMANDA C
Address: 300 INTERLACHEN AVE #204
City-St-Zip: WINTER PARK, FL 32789 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN ANDERSON

PD

04/14/2008

Electronic Signature of Signing Officer or Director

Date