2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

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Entity Name: SONOMA THERAPY, INC.

Current Principal Place of Business:

300 INTERLACHEN AVE
APT 204
WINTER PARK, FL 32789 US

New Principal Place of Business:

300 S INTERLACHEN AVE
APT 204
WINTER PARK, FL 32789 US

Current Mailing Address:

PO BOX 460430
FT. LAUDERDALE, FL 333460430 US

New Mailing Address:

300 S INTERLACHEN AVE
APT 204
WINTER PARK, FL 32789 US

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

Name and Address of Current Registered Agent:

ELLEFSEN, 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: PD (X) Change ( ) Addition
Name: ANDERSON, JOHN H
Address: 300 S INTERLACHEN AVE # 204
City-St-Zip: WINTER PARK, FL 32789 US

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

Title: VPD (X) Change ( ) Addition
Name: ANDERSON, AMANDA C
Address: 300 S INTERLACHEN AVE #204
City-St-Zip: WINTER PARK, FL 32789 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: JOHN H ANDERSON PD 04/07/2009

Electronic Signature of Signing Officer or Director Date