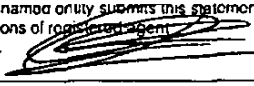


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 08, 2007 8:00 am
Secretary of State

05-15-2007 90008 039 ***150.00

DOCUMENT # P96000094703			
1. Entity Name SONO PARTNERS, INC.			
Principal Place of Business 146 CHESTNUT RIDGE RD ARDEN NC 28704		Mailing Address 146 CHESTNUT RIDGE RD ARDEN NC 28704 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
New agent: Brian Veccia 4597 St. Andrews Drive Boynton Beach, FL 33436		Charles E. Passmore 146 Chestnut Ridge Rd Arden NC 28704/9792 FL Zip Code	
4. FEI Number 65-0716658 ☐ Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
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 		DATE 4-26-07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP CHARLES E. PASSMORE 146 CHESTNUT RIDGE RD ARDEN NC 28704	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D VECCIA, JOSEPH 1800 LAKE DRIVE DELRAY BEACH FL 33444	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D CRYAN, GREGORY 3495 PINE HALEN CIRCLE BOCA RATON FL 33432	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP FITZ-HENRY, DON 1800 LAKE DRIVE DELRAY BEACH FL 33444	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP VECCIA, BRIAN 1800 LAKE DRIVE DELRAY BEACH FL 33444	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE 		DATE 4/26/07 828-684-8544	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	