

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000054789

1. Entity Name
SOUND INSIGHTS, INC.



**FILED
Apr 09, 2007 8:00 am
Secretary of State**

04-09-2007 90097 042 ***150.00

Principal Place of Business
3293 NW FEDERAL HWY.
JENSEN BEACH, FL 34957

Mailing Address

3293 NW FEDERAL HWY.
JENSEN BEACH, FL 34957

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number
65-0767491

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUMNERS, SHANNON D
1601 SE MISTLETOE ST.
PORT ST. LUCIE, FL 34983

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD
NAME SUMNERS, SHANNON D
STREET ADDRESS 1601 SE MISTLETOE ST.
CITY-ST-ZIP PORT ST. LUCIE, FL 34983

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE PD
NAME SUMNERS, STEVEN K
STREET ADDRESS 1601 SE MISTLETOE ST.
CITY-ST-ZIP PORT SAINT LUCIE, FL 34983

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE VD
NAME HURST, JOHN H
STREET ADDRESS 2101 MARINA ISLE WAY UNIT 502
CITY-ST-ZIP JUPITER, FL 33477

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

1433 NW 21ST TERRACE
Stuart, FL 34994

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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 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: *Shannon D. Sumners Shannon D. Sumners 4/6/07 772-692-9550*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #