2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 10, 2006 08:00 Al Secretary of State

1. Entity Nam	MENT # P99000537		Secretary of S				
SONETT	WARRETING CORFORATION	•					
Principal Plac		Mailing Address	<u> </u>	1			
705 SUNLIT COURT BRANDON, FL 33511-6202 705 SUNLIT COURT BRANDON, FL 33511-6202							
nie Tyrenni							
	O NOT WRITE	CE.	08072006	No Chg-P	CR2E034 (11/05)	
	O NO! WKITE	IN I IIIO SPA	UE:	4. FEI Numb 59-358			Applied For Not Applicable
					of Status Desired		.75 Additional Required
	6. Name and Address of Current Re	gistered Agent				· 14 (45)	A CONTRACTOR OF THE CONTRACTOR
	MICHAEL D		DO	NOT W	RITE		
705 SUNLIT COURT BRANDON, FL 33511-6202							
		IN THIS SPACE					
8. The above	named entity submits this statement for the	ne purpose of changing its register	ed office or register	red agent, or bo	th, in the State of Flo	vida. I am fami	liar with, and accept
the obligat	ions of registered agent.			-	9/	, ,	
SIGNATURE	MICHAEL D. BABINKA Signature, typed or primad name of registered again and	title Y applicable (NOTE, Registers	id Agent signature required	when reinstating)	0/	8/06 DATE	
	LE NOW!!! FEE 18 \$150.00 ue by September 6, 2006	Election Campaign Final Trust Fund Contribution.		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10.	OFFICERS AND DI	RECTORS	12 N A D				
NAME STREET ADDRESS CITY-ST-2IP	BABINKA, MICHAEL D 705 SUNLIT CT				Uana	10057407	
TITLE	BRANDON, FL 33511 S				08/11/0	ı§−80001	021 150.00
NAME STREET ADDRESS CITY-SI-ZIP	KELLY, JANE 705 SUNLIT CT BRANDON, FL 33511						
TITLE							
NAME STREET ADDRESS				DΩ	NOT W	DITE	
CITY-ST-ZIP					NOT W		
NAME				A TINE	THIS SF	ACE	
STREET ADDRESS CITY-ST-ZIP							
TITLE NAME							
STREET ADDRESS							
CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filling 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 outh; 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: _

NAME STREET ADDRESS City-ST-ZIP

Michael F. Dalin Vaca
SECHATURE AND TYPED OR PRINTED NAME OF SECHANO OFFICER OR DIRECTOR

8/8/06 813-684-3294 Date Daytine Phone #