2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P99000058139 1. Entity Name 03-14-2007 90027 033 ***150.00 SORREN CONSULTING, INC. Principal Place of Business Mailing Address 3009 23RD AVE W. 3009 23RD AVE W. BRADENTON, FL 34205 BRADENTON, FL 34205 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03012007 CR2E034 (12/06) Cha-P City & State City & State 4. FEI Number Applied For 65-0933184 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHAMBERS, HOPE L Street Address (P.O. Box Number is Not Acceptable) 3009 23RD AVENUE WEST **BRADENTON, FL 34205** City 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 algorithms required when remetating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP TITLE Delete TITLE Change ☐ Addition CHAMBERS, HOPE I NAME NAME 3009 23RD AVENUE WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34205 CITY-ST-7IP TITLE Delete Change ☐ Addition COSSETTE, SOLANGE T NAME MAME STREET ADDRESS 3009 23RD AVENUE WEST STREET ADDRESS CITY-ST-ZIP **BRADENTON, FL 34205** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TILLE ■ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-78P 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 secure or trustee empowered by execute this sport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiptanged, or on an attachmen SIGNATURE:

FILED

Mar 14, 2007 8:00 am