

2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUN -9 PM 4:49

DOCUMENT # P99000085471 1. Entity Name THERMO-SONIC, INC.	
--	---

Principal Place of Business 1309 S BABCOCK ST STE 203 MELBOURNE, FL 32901	Mailing Address 1309 S BABCOCK ST STE 203 MELBOURNE, FL 32901
---	---

2. Principal Place of Business - No P.O. Box # <p style="text-align: center; font-weight: bold;">No Change</p> Suite, Apt. #, etc.	3. Mailing Address <p style="text-align: center; font-weight: bold;">No Change</p> Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number 65-0950954	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



05152009 Chg-P CR2E034 (11/08)

6. Name and Address of Current Registered Agent NAULTY, JOSEPH B 996 S FORK CIR MELBOURNE, FL 32901	7. Name and Address of New Registered Agent Name <p style="text-align: center; font-weight: bold;">No Change</p> Street Address (P.O. Box Number is Not Acceptable) City <p style="text-align: right; font-weight: bold;">FL</p> 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

1309
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 11, 2009**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete NAULTY, JOSEPH B 996 S FORK CIR MELBOURNE, FL 32901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <p style="text-align: center; font-weight: bold;">No Change</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <p style="text-align: center; font-weight: bold;">700156954 06/09/09--01040--023 **150.00</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <p style="text-align: center; font-size: 2em; font-weight: bold;">B 6/18/09</p>

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: *Joseph B. Naulty* **Joseph B. Naulty, President** 321-768-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 6/5/09 Daytime Phone #