2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S45731

Entity Name: SORRELLS OF MANATEE, INC.

FILED Feb 18, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1192 NE LIVINGSTON STREET ARCADIA, FL 34266

Current Mailing Address: New Mailing Address:

P.O. BOX 551 P O BOX 551

ARCADIA, FL 34265 US

FEI Number: 65-0262527 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CRAIG, SORIA G
2201 RINGLING BLVD, SUITE 103
SUITE 103
SARASOTA, FL 34237 US
SORIA, G. CRAIG
2201 RINGLING BLVD
SUITE 103
SUITE 103
SARASOTA, FL 34237 US

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.

SIGNATURE: G. CRAIG SORIA 02/18/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

 Name:
 SORRELLS, STEVE
 Name:

 Address:
 6923 NW STATE 661
 Address:

 City-St-Zip:
 ARCADIA, FL 34266
 City-St-Zip:

Title: V () Delete Title: V (X) Change () Addition
Name: SORIA LEDANE
Name: SORIA LEDANE

 Name:
 SORIA, LEDANE,
 Name:
 SORIA, LEDANE

 Address:
 4375 BRANDYWINE DR
 Address:
 4375 BRANDYWINE DR

 City-St-Zip:
 SARASOTA, FL
 City-St-Zip:
 SARASOTA, FL
 34241

Title: ST () Delete Title: ST (X) Change () Addition

 Name:
 SORIA, CRAIG,
 Name:
 SORIA, G. CRAIG

 Address:
 4375 BRANDYWINE DR
 Address:
 4375 BRANDYWINE DR

 City-St-Zip:
 SARASOTA, FL
 City-St-Zip:
 SARASOTA, FL
 34241

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE SORRELLS P 02/18/2009