

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H40036

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: SUNNYSIDE INVESTMENTS, INC.

## Current Principal Place of Business:

50 NORTH SHORE DR  
PO BOX 1193  
ANNA MARIA, FL 342161193 US

## New Principal Place of Business:

50 NORTH SHORE DR  
ANNA MARIA, FL 342161193 US

## Current Mailing Address:

P O BOX 1193  
ANNA MARIA, FL 34216 US

## New Mailing Address:

FEI Number: 59-2496832      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KRAL, ROBERT E.  
50 NORTH SHORE DR  
P O BOX 1193  
ANNA MARIA, FL 34216 US

## Name and Address of New Registered Agent:

KRAL, ROBERT E.  
50 NORTH SHORE DR  
ANNA MARIA, FL 34216 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:

Electronic Signature of Registered Agent

01/08/2009

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: KRAL, ROBERT E.,  
Address: 50 NORTH SHORE DR  
City-St-Zip: ANNA MARIA, FL 34216

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBERT E. KRAL

Electronic Signature of Signing Officer or Director

PRES

01/08/2009

Date