

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2007 8:00 am
Secretary of State

06-21-2007 90022 027 ***150.00

DOCUMENT # P05000166631 1. Entity Name SUNNY INTERIOR DESIGN, INC.			
Principal Place of Business 7061 OLD KINGS RD. S. #294 JACKSONVILLE, FL 32217		Mailing Address 7061 OLD KINGS RD. S. #294 JACKSONVILLE, FL 32217	
2. Principal Place of Business - No P.O. Box # 1989 Glenfield Crossing Ct Suite, Apt. #, etc.		3. Mailing Address SAME AS Suite, Apt. #, etc.	
City & State St Augustine FL Zip 32092		City & State Principle Place Zip 32092	
Country USA		Country USA	
4. FEI Number 20-4152142		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIAL, DAVID C 7061 OLD KINGS RD. S. #294 JACKSONVILLE, FL 32217		7. Name and Address of New Registered Agent Name Rose Zeinoun A SALLOUM Street Address (P.O. Box Number is Not Acceptable) 1989 Glenfield Crossing Ct City St Augustine FL Zip Code 32092	
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: DATE: 6/8/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 SALLOUM, ROSE A 7061 OLD KINGS RD. S. JACKSONVILLE, FL 32217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 6/8/07 Daytime Phone #: 904 207 4499	