

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000003970

FILED  
Sep 03, 2008  
Secretary of State

Entity Name: INFUSED-SUN PRODUCTS, INC.

**Current Principal Place of Business:**

234 OCEAN TERR.  
PALM BCH, FL 33480

**New Principal Place of Business:**

6795 COBIA CIRCLE  
BOYNTON BCH, FL 33437

**Current Mailing Address:**

234 OCEAN TERR.  
PALM BCH, FL 33480

**New Mailing Address:**

6795 COBIA CIRCLE  
BOYNTON BCH, FL 33437

FEI Number: 20-8199990

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JONES FOSTER SERVICE, LLC  
505 SOUTH FLAGLER DR., SUITE 1100  
W. PALM BCH, FL 33401 US

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

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

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FORTIN, HEATHER  
Address: 234 OCEAN TERR.  
City-St-Zip: PALM BCH, FL 33480

Title: VTD ( ) Delete  
Name: GORMAN, DANIEL  
Address: 234 OCEAN TERR.  
City-St-Zip: PALM BCH, FL 33480

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: FORTIN, HEATHER  
Address: 6795 COBIA CIRCLE  
City-St-Zip: BOYNTON BCH, FL 33437

Title: VTD (X) Change ( ) Addition  
Name: GORMAN, DANIEL  
Address: 6795 COBIA CIRCLE  
City-St-Zip: BOYNTON BCH, FL 33437

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: HEATHER FORTIN

PRES

09/03/2008

Electronic Signature of Signing Officer or Director

Date