

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003734

FILED
Mar 14, 2008
Secretary of State

Entity Name: SUNDYNE CORPORATION

Current Principal Place of Business:

14845 WEST 64TH AVENUE
ARVADA, CO 80007

New Principal Place of Business:

Current Mailing Address:

4747 HARRISON AVENUE
110-6
ROCKFORD, IL 61108

New Mailing Address:

FEI Number: 84-1340781 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RUFFNER, PHILLIP
Address: 14845 WEST 64TH AVENUE
City-St-Zip: ARVADA, CO 80007

Title: SD () Delete
Name: GARDINER, CLINTON
Address: ONE HAMILTON ROAD
City-St-Zip: WINDSOR LOCKS, CT 06096

Title: T () Delete
Name: ANDERSON, SID
Address: ONE HAMILTON ROAD
City-St-Zip: WINDSOR LOCKS, CT 06096

Title: D () Delete
Name: LONGO, PETER
Address: ONE HAMILTON ROAD
City-St-Zip: WINDSOR LOCKS, CT 06096

Title: D () Delete
Name: OSWALD, STEPHEN G
Address: ONE HAMILTON RD
City-St-Zip: WINDSOR LOCKS, CT 060961010

Title: AS () Delete
Name: HAINES, VICTORIA M
Address: ONE HAMILTON ROAD
City-St-Zip: WINDSOR LOCKS, CT 06096

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: AS (X) Change () Addition
Name: RUA, CHRISTINE
Address: ONE HAMILTON ROAD
City-St-Zip: WINDSOR LOCKS, CT 06096

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: CHRISTINE RUA

AS

03/14/2008

Electronic Signature of Signing Officer or Director

_____ Date