


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90386 028 \*\*\*150.00

<b>DOCUMENT # F04000003325</b> 1. Entity Name <b>SUNBRIDGE CAPITAL, INC.</b>			
Principal Place of Business <b>6300 NALL AVENUE, 2ND FLOOR</b> <b>MISSION, KS 66202</b>		Mailing Address <b>6300 NALL AVENUE, 2ND FLOOR</b> <b>MISSION, KS 66202</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>4350 Shawnee Mission Pkwy</b> Suite, Apt. #, etc. <b>Ste 300</b>	
City & State <b>Fairway, KS</b>		4. FEI Number <b>74-2847968</b>	
Zip <b>66202</b>		Country <b>U.S.</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>NATIONAL REGISTERED AGENTS, INC.</b> <b>2731 EXECUTIVE PARK DR., STE. 4</b> <b>WESTON, FL 33331</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ELLIS, MICHAEL J 6300 NALL AVENUE, 2ND FLOOR MISSION, KS 66202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PAUL, STEVEN F 6300 NALL AVENUE, 2ND FLOOR MISSION, KS 66202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MOSKOWITZ, DOUGLAS E 6300 NALL AVENUE, 2ND FLOOR MISSION, KS 66202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Carol McHenry 4350 Shawnee Mission Pkwy. Fairway, KS 66202 <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEBER, ADRIAN 6300 NALL AVENUE, 2ND FLOOR MISSION, KS 66202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MEEGAN, CRAIG 6300 NALL AVENUE, 2ND FLOOR MISSION, KS 66202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 other like empowered.			
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>4/21/08</b> Daytime Phone <b>913-279-3293</b>	