## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000006415

Entity Name: SUNGLO RESTORATION SERVICES, INC.

FILED Apr 18, 2007 Secretary of State

Current Pi	rincipal Place of Business:	New Principal Place of Business:
22960 VENTURE DRIVE NOVI, MI 48375		22960 VENTURE DRIVE NOVI, MI 48375 US
Current M	ailing Address:	New Mailing Address:
22960 VEN NOVI, MI 4	NTURE DRIVE 48375	22960 VENTURE DRIVE NOVI, MI 48375 US
FEI Number:	FEI Number Applied For ( )	FEI Number Not Applicable (X) Certificate of Status Desired ( )
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
1203 GOVI SUITE 101 TALLAHAS The above	SSEE, FL 323012960 US	e purpose of changing its registered office or registered agent, or both,
SIGNATUF		
	Electronic Signature of Registered	agent Date
Election Can	npaign Financing Trust Fund Contribution ( ).	
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	PTD () Delete CAPATINA, GENE 22960 VENTURE DRIVE NOVI, MI 48375	Title: P (X) Change ( ) Addition Name: CAPATINA, GENE Address: 22960 VENTURE DRIVE City-St-Zip: NOVI, MI 48375
Title: Name: Address: City-St-Zip:	VPSD () Delete NORTON, PATRICK 22960 VENTURE DRIVE NOVI, MI 48375	Title: T (X) Change ( ) Addition Name: CAPATINA, GENE Address: 22960 VENTURE DRIVE City-St-Zip: NOVI, MI 48375
Title: Name: Address: City-St-Zip:	( ) Delete	Title: D ( ) Change (X) Addition Name: CAPATINA, GENE Address: 22960 VENTURE DRIVE City-St-Zip: NOVI, MI 48375
Title: Name: Address: City-St-Zip:	( ) Delete	Title: V ( ) Change (X) Addition Name: NORTON, PATRICK Address: 22960 VENTURE DRIVE City-St-Zip: NOVI, MI 48375
Title: Name: Address: City-St-Zip:	( ) Delete	Title: S ( ) Change (X) Addition Name: NORTON, PATRICK Address: 22960 VENTURE DRIVE City-St-Zip: NOVI, MI 48375
Title: Name: Address: City-St-Zip:	( ) Delete	Title: D ( ) Change (X) Addition Name: NORTON, PATRICK Address: 22960 VENTURE DRIVE City-St-Zip: NOVI, MI 48375

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICK M. NORTON P 04/18/2007