

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004122

Entity Name: SUNFLEX, INC.

FILED
Feb 02, 2009
Secretary of State

Current Principal Place of Business:

1230 PEACHTREE ST, STE 3100
ATLANTA, GA 30309

New Principal Place of Business:

28400 OLD US 41 # 5
BONITA SPRINGS, FL 34135

Current Mailing Address:

1230 PEACHTREE ST, STE 3100
ATLANTA, GA 30309

New Mailing Address:

28400 OLD US 41 # 5
BONITA SPRINGS, FL 34135

FEI Number: 26-3030423

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

AC GLOBAL MANAGEMENT, LLC
5830 COPPER LEAF LANE
NAPLES, FL 34116 US

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: ANNETTE JUNG

02/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: SCHNEIDER, MALTE
Address: SUNFLEX GMBH EUELSBRUCHSTR. 74 57258
City-St-Zip: FREUDENBERG GERMANY, OC

Title: S () Delete
Name: KRAUS, HANS-MICHAEL
Address: 1230 PEACHTREE ST, STE 3100
City-St-Zip: ATLANTA, GA 30309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: SCHNEIDER, MALTE
Address: 211-1 LENELL RD
City-St-Zip: FORT MYERS BEACH, FL 33931 OC

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

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: MALTE SCHNEIDER

DPT

02/02/2009

Electronic Signature of Signing Officer or Director

Date