## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # H40036

1. Entity Name

SUNNYSIDE INVESTMENTS, INC.



FILED
Jan 17, 2007 08:00 AM
Secretary of State

Principal Place of Business

50 NORTH SHORE DR

PO BOX 1193 Anna Maria, Fl. 34216-1193 US Mailing Address

P 0 BOX 1193

ANNA MARIA, FL 34216 US



01042007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2496832

Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIGNATURE: SIGNATURE AND TYPED OF PRINTED HAND OF BIGNIN

ROBERT E. KRAL

DO NOT WRITE IN THIS SPACE

KRAL, ROBERT E. 50 NORTH SHORE DR P O BOX 1193 ANNA MARIA, FL 34216

## DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered agent and title If applicable. (NOTE: Registered			egistered Agent signature	Agent signature required when rehistating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Barrust Fund Contribution.		\$5.00 May Be Added to Fees	U00000589881 01/18/07-80034-017 158.75	
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRAL, ROBERT E. 50 NORTH SHORE DR ANNA MARIA, FL 34216					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE		
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TITLE NAME STREET ADDRESS						

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 all other like empowered.