2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# L07000111217

Entity Name: CANADASUN.NET LLC

Current Principal Place of Business:

6081 SILVER KING BLVD., UNIT 504
CAPE CORAL, FL 33914

New Principal Place of Business:

3410 SE 18TH PL
CAPE CORAL, FL 33904

Current Mailing Address:

6081 SILVER KING BLVD., UNIT 504
CAPE CORAL, FL 33914

New Mailing Address:

PO BOX 101149
CAPE CORAL, FL 33910

FEI Number: 26-1377542 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ROTTHAUS, DIANA
Address: 6081 SILVER KING BLVD., UNIT 504
City-St-Zip: CAPE CORAL, FL 33914

Title: S ( ) Delete
Name: ROTTHAUS, DIANA
Address: 6081 SILVER KING BLVD., UNIT 504
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ROTTHAUS, DIANA
Address: 3410 SE 18TH PL
City-St-Zip: CAPE CORAL, FL 33904

Title: S (X) Change ( ) Addition
Name: ROTTHAUS, DIANA
Address: 3410 SE 18TH PL
City-St-Zip: CAPE CORAL, FL 33904

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DIANA ROTTHAUS MGR 01/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date