

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
May 16, 2008 8:00 am
Secretary of State**

05-16-2008 90019 028 ***150.00

DOCUMENT # L31795		
1. Entity Name SUNRAE AUTO BODY INC.		
Principal Place of Business 1452 10TH CT. LAKE PARK, FL 33403 US		Mailing Address 1452 10TH CT. LAKE PARK, FL 33403 US
2. Principal Place of Business - No P.O. Box #		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
6. Name and Address of Current Registered Agent		
GAMPOLO, ANTHONY 1452 10TH CT. LAKE PARK, FL 33403		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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  <small>Signature, typed or printed name of registered agent and title if applicable.</small> (NOTE: Registered Agent signature required when remitting) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P NAME GAMPOLO, PATRICIA J. STREET ADDRESS 1452 10TH CT. CITY-ST-ZIP LAKE PARK, FL 33403		<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE DVP NAME GAMPOLO, ANTHONY STREET ADDRESS 1452 10TH CT. CITY-ST-ZIP LAKE PARK, FL 33403		<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP
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.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
<small>Date</small> <small>Daytime Phone #</small>		