## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 03, 2004 8:00 am Secretary of State **DOCUMENT # P00000062976** 05-03-2004 90725 049 \*\*\*150.00 SUNNY VISION, INC. Mailing Address Principal Place of Business 4682-D MIDDLEBROOK RD 5858 INTERNATIONAL DR ORLANDO, FL 32811 ORLANDO, FL 32819 No Chg-P CR2E034 (10/03) 04262004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3654783 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent TANEJA, NARESH DO NOT WRITE 4682-D MIDDLEBROOK RD ORLANDO, FL 32811 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when transtating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10, PTS TITLE TANEJA NARESH NAME 4682-D MIDDLEBROOK RD STREET ADDRESS ORLANDO, FL 32811 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NUME STREET ADDITESS 12. I hereby cartify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 office impowered CITY-ST-ZIP SIGNATURE: \_\_\_\_\_\_ G OFFICER OR DIRECTOR

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