

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000065589

Entity Name: SUNSET PRIME OPTIONS, INC.

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

10501 OUT ISLAND DR.
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

PO BOX 261534
TAMPA, FL 33685

New Mailing Address:

FEI Number: 59-3657686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARDS-TURPIN, ODETTE
10501 OUT ISLAND DR.
TAMPA, FL 33615 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: RICHARDS-TURPIN, ODETTE
Address: 10501 OUT ISLAND DR.
City-St-Zip: TAMPA, FL 33615

Title: VS () Delete
Name: TURPIN, GARFIELD
Address: 10501 OUT ISLAND DR.
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ODETTE RICHARDS TURPIN

OWNE

05/01/2008

Electronic Signature of Signing Officer or Director

_____ Date