

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90048 010 \*\*\*150.00

<b>DOCUMENT # P01000078137</b>			
<b>1. Entity Name</b> SUN BUSINESS SYSTEMS, INC.			
<b>Principal Place of Business</b> 7381 114TH AVE N 405B LARGO, FL 33777 US		<b>Mailing Address</b> 7381 114TH AVE N 405B LARGO, FL 33777 US	
<b>2. Principal Place of Business - No P.O. Box #</b> 7421 114th Ave.		<b>3. Mailing Address</b> 7421 114th Ave.	
Suite, Apt. #, etc. 209		Suite, Apt. #, etc. 209	
City & State Largo, FL		City & State Largo, FL	
Zip 33773		Zip 33773	
Country Arnellas		Country Arnellas	
<b>4. FEI Number</b> 59-3742093		Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> ELLIS, JAMES A 2041 LARCHMONT WAY CLEARWATER, FL 33764		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b> SIGNATURE: <i>Jim Ellis</i> <b>Jim Ellis</b> <b>4-6-7</b> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature is required when terminating.) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, JAMES 7381 114TH AVE N STE 405B LARGO, FL 33777	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ellis, James 7421 114th Ave #209 Largo, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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 a name, and empowered.</b>			
<b>SIGNATURE:</b> <i>Jim Ellis</i> <b>Jim Ellis</b> <b>4-6-7</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			