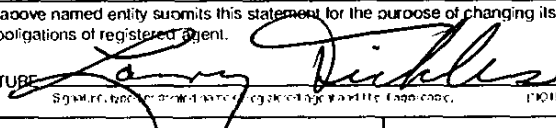
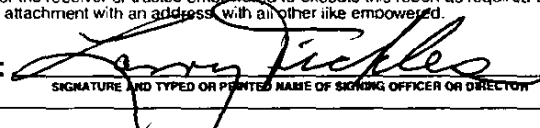


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90174 008 ***158.75

DOCUMENT # P02000120049					
1. Entity Name AMSUNROOMS, INC.					
Principal Place of Business 13191 56TH COURT SUITE #103 CLEARWATER, FL 33760			Mailing Address 13191 56TH COURT SUITE 103 CLEARWATER, FL 33760		
2. Principal Place of Business 4405 AKITA DRIVE		3. Mailing Address 4405 AKITA DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State TAMPA FL		City & State TAMPA FL		4. FEI Number 30-0126932	
Zip 33624		Country USA		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RENALDO, JAMES S 146 SECOND STREET NORTH SUITE 300 ST. PETERSBURG, FL 33701			7. Name and Address of New Registered Agent Name LARRY TICKLES Street Address (P.O. Box Number is Not Acceptable) 4405 AKITA DRIVE City TAMPA FL Zip Code 33624		
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  4/28/05					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY ST ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
PRESIDENT TICKLES, LARRY 4405 AKITA DRIVE 13191 56TH COURT, SUITE #103 CLEARWATER, FL 33760 TAMPA FL 33624	☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS CITY ST ZIP				
12. I hereby certify that the information supplied with this filing 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 other like empowered.					
SIGNATURE:  4/28/05					