
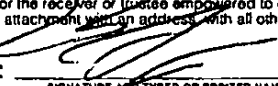


**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90233 003 \*\*\*158.75

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P03000002565</b> 1. Entity Name <b>SUNNY SIDE SERVICES, INC.</b>		
Principal Place of Business <b>1109 SE 13TH STREET CAPE CORAL, FL 33990</b>	Mailing Address <b>1109 SE 13TH STREET CAPE CORAL, FL 33990</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
4. FEI Number <b>75-3094187</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>SIMON-FELIPE, ENRIQUE 1109 SE 13TH STREET CAPE CORAL, FL 33990</b>		
<b>DO NOT WRITE IN THIS SPACE</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. SIGNATURE _____ (NOTE: Registered Agent signature required when remaining) _____ Signature, typed or printed name of registered agent and title if applicable. DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS SIMON-FELIPE, ENRIQUE 1109 SE 13 ST CAPE CORAL, FL 33990	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT SIMON-FELIPE, SOR MARIA 1109 SE 13 ST CAPE CORAL, FL 33990	
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		
<b>DO NOT WRITE IN THIS SPACE</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 supplementary 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:  _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>Enrique Simon - Felipe</b> (239) <b>President</b> 3/26/07 633-6125 _____ Date Daytime Phone