

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000057847

Entity Name: SUMOFITALL, INC.

FILED
May 14, 2005
Secretary of State

Current Principal Place of Business:

PMB 127 1500 BEVILLE RD., STE. 606
DAYTONA BEACH, FL 321145644

New Principal Place of Business:

Current Mailing Address:

PMB 127 1500 BEVILLE RD., STE. 606
DAYTONA BEACH, FL 321145644

New Mailing Address:

FEI Number: 05-0570739

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALICI, GLENNA MS.
1200 BEVILLE RD
#146
DAYTONA BEACH, FL 32114 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: PSD () Delete
Name: ALICI, GLENNA
Address: PMB 127 1500 BEVILLE RD., STE. 606
City-St-Zip: DAYTONA BEACH, FL 321145644

Title: VD () Delete
Name: OKUR, MUHAMMED
Address: PMB 127 1500 BEVILLE RD., STE. 606
City-St-Zip: DAYTONA BEACH, FL 321145644

Title: TD () Delete
Name: OKUR, HASAN
Address: PMB 127 1500 BEVILLE RD., STE. 606
City-St-Zip: DAYTONA BEACH, FL 321145644

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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 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: GLENNA ALICI

PSD

05/14/2005

Electronic Signature of Signing Officer or Director

Date