

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000057847

Entity Name: SUMOFITALL, INC.

FILED
May 17, 2008
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.
PMB 127 1500 BEVILLE RD.
SUITE 606
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

OFFICERS AND DIRECTORS:Title: PSD () Delete
Name: ALICI, GLENNA
Address: PMB 127 1500 BEVILLE RD., STE. 606
City-St-Zip: DAYTONA BEACH, FL 321145644Title: VD (X) Delete
Name: OKUR, MUHAMMED
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:

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: GLENNA ALICI

PSD

05/17/2008

Electronic Signature of Signing Officer or Director

Date