


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 8:00 am
Secretary of State

01-31-2006 90013 034 ***150.00

DOCUMENT # P03000061089

1. Entity Name
SUN FOOD, INC.



Principal Place of Business 830 NW 1ST AVE. HIGH SPRINGS, FL 32643	Mailing Address 830 NW 1ST AVE. HIGH SPRINGS, FL 32643
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60009391



01262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0469363	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHAH, KALPESHKUMAR
 830 NW 1ST AVE.
 HIGH SPRINGS, FL 32643

DO NOT WRITE IN THIS SPACE

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 *Kalpesh Shah* **KALPESH SHAH SECRETARY/TREASURER** 01-30-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	D PATEL, RAJANIKANT D 3642 S. AMHERST HWY. MADISON HEIGHTS, VA 24572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAH, KALPESHKUMAR 830 NW 1ST AVE HIGH SPRINGS, FL 32643
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 all other like empowered.

SIGNATURE: *Kalpesh Shah* **KALPESH SHAH** 01-30-06 386 454 3634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #