


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90044 018 ***158.75

DOCUMENT # P03000067625		
1. Entity Name SUNNY FIELDS INC.		

40000453



01022008 Chg-P CR2E034 (12/06)

Principal Place of Business 1857 N CARPENTER ROAD TITUSVILLE, FL 32796-1160		Mailing Address 1857 N CARPENTER ROAD TITUSVILLE, FL 32796-1160	
2. Principal Place of Business - No P.O. Box # 115 Secluded Way Suite, Apt. #, etc.		3. Mailing Address PO Box 5868 Suite, Apt. #, etc.	

City & State TITUSVILLE, FL		City & State TITUSVILLE, FL	
Zip 32780	Country USA	Zip 32783	Country USA

6. Name and Address of Current Registered Agent E-Z WAY SOLUTIONS, INC. 1857 N CARPENTER RD TITUSVILLE, FL 32796-1160		7. Name and Address of New Registered Agent Name Joseph C. CASALE Street Address (P.O. Box Number is Not Acceptable) 115 Secluded Way City Titusville FL Zip Code 32780	
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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: Joseph C. Casale Pres Joseph C. CASALE Pres 1/1/08
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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WALKER, MICHAEL F 1857 N CARPENTER ROAD TITUSVILLE, FL 327961160 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD JOSEPH C. CASALE 115 Secluded Way TITUSVILLE, FL 32780 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASALE, JOSEPH C 1300 ARMSTRONG DR SUITE 105 TITUSVILLE, FL 32780 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOSEPH C. CASALE 115 Secluded Way Titusville, FL 32780 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Joseph C. Casale JOSEPH C. CASALE 1/1/08 321-268-0444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #