## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 27, 2005 8:00 am Secretary of State 04-27-2005 90358 014 \*\*\*150.00 DOCUMENT # P04000010268 1. Entity Name SUMBAY GIFTS, INC. **ZUU43**037 Principal Place of Business Mailing Address 17805 US HWY 192 2310 BAESEL VIEW DR. CLERMONT, FL 34711 ORLANDO, FL 32835 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 04232005 Cha-P CR2E034 (10/03) City & State City & State 4. FEI Number 20-0639437 Applied For Not Applicable 91.9 Zip Country $Z_{\rm ID}$ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KATBEH, WAIL 2310 BAESEL VIEW DR Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32835 Zip Code 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. Signature, typica or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THILE ☐ Delete TITLE ☐ Change Addition KATBEH, WAIL NAME 2310 BAESEL VIEW DR. STREET ADDRESS STREET ADDRESS CITY-ST-Z#P ORLANDO, FL 32835 CITY-ST-ZIP Delete TITLE TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET AUDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify 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 signature shall have the same legal effect as it 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

4/18/05 407-766-0187