

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90405 020 ***150.00

DOCUMENT # P04000042033	
1. Entity Name SUNNY BAY CLEANING SERVICES INC.	

Principal Place of Business P.O. BOX 904 PALM HARBOR, FL 34682	Mailing Address P.O. BOX 904 PALM HARBOR, FL 34682
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40058776



02082006 Chg-P CR2E034 (11/05)

4. FEI Number 20-0840605		☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PERDIGON, WILMER 1516 SEASHORE DR. #301 PALM HARBOR, FL 34685		7. Name and Address of New Registered Agent Name Wilmer Perdigon Street Address (P.O. Box Number is Not Acceptable) 5725 Mockingbird Dr. City New Port Richey FL Zip Code 34665-6321	

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.

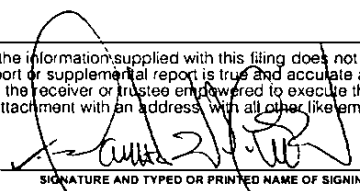
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. PERDIGON, WILMER 5725 HOCKINGBIRD DR NEW PORT RICHEY, FL 34652 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  **Wilmer Perdigon**
President
Date **02/08/2006** Daytime Phone # **827-8429283**