


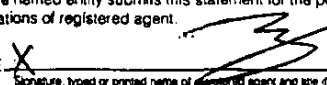

2007 FOR PROFIT CORPORATION ANNUAL REPORT

08-28-2007 90023 048 ***150.00
P04000054017

FILED

07 SEP 26 PM 2:57

CLERK OF THE STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000054017			
1. Entity Name SUN FLOWER 475, INC.			
Principal Place of Business 56 SOUTH MONROE ST BEVERLY HILLS, FL 34465 US		Mailing Address 56 SOUTH MONROE ST BEVERLY HILLS, FL 34465 US	
2. Principal Place of Business - No P.O. Box # 495 W. BUTTONBUSH DR		3. Mailing Address 495 W. BUTTONBUSH DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BEVERLY HILLS, FL		City & State BEVERLY HILLS, FL	
Zip 34465		Zip 34465	
Country USA		Country USA	
4. FEI Number 20-0929215		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZIN, THANT 56 SOUTH MONROE ST BEVERLY HILLS, FL 34465		7. Name and Address of New Registered Agent Name ZIN, THANT Street Address (P.O. Box Number is Not Acceptable) 495 W. BUTTONBUSH DR City BEVERLY HILLS FL Zip Code 34465	
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 resigning) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 ZIN, THANT 495 W BUTTONBUSH DR BEVERLY HILLS, FL 344654259 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ZIN, THANT 495 W. BUTTONBUSH DR. BEVERLY HILLS, FL 34465 <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: 		Date _____ Daytime Phone # _____	

7C 10/11