## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 21, 2008 8:00 am Secretary of State

DOCUMENT # P04000059037  1. Entity Name SUN BLUE, INC.						04-21-200	8 90065 010 ***	*150.00	
Principal Place of Business Mailing Address 2108 WEST MAIN STREET 113 S. MACDILL AVE TAMPA, FL 33607 #B TAMPA, FL 33609					18311631 Ift B1	DIIL BIGII GERIX GENII GEN	A BANG ANNO IRIA BANGA NGA	ISO(001 II JOSI	
2. Principal Place of Business · No P.O. Box # 3. Mailing Address //6/> //6/> // N. Nebyaska									
Suite, Apt. #, etc.				0418	B2008	Chg-P	CR2E034 (12/0		
City & State City & State				<b>I</b>	Number 7-1202	594	<b>├</b>	Applied For Not Applicable	
3361 Country SA Zip Cou			Country	5. Certificate of Status Desired See Required Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
PARK, SUN HONG 2108 WEST-MAIN STREET TAMPA, FL 33607				Street Address (P.O. Box Number is Not Acceptable), 1/6/2 N. Nebraska 4Ve # 9					
			City	ما ١٥ كسب	A 00		FL Zip C	ode 3 672	
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, typed or printed name of registered agent and title of expectation. (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 \$5.00 May Be Trust Fund Contribution.   Added to Fees									
10.	OFFICERS AND	DIRECTORS  Delete	11.	ADD	ITIONS/C	HANGES TO OFF	ICERS AND DIRECTO		
NAME STREET ADDRESS CITY-ST-ZIP	PARK, SUN HONG 2108 WEST MAIN STREET TAMPA, FL 336073438		NAME STREET ADDRESS CITY-ST-ZIP	116/2	N. /	Vebrask FL 3	a Ave		
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	<u></u>	1 <b>p</b> - ( )		☐ Chang	e 🔲 Addition	
TITLE NAME STREET ADDRESS		☐ Delete	CITY-ST-ZIP  1ITLE  NAME  STREET ADDRESS				☐ Chang	e	
CITY+ST-ZIP TITLE NAME		☐ Delete	CITY-ST-ZIP TITLE NAME				☐ Chang	e Addition	
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TITLE NAME STREET ADDRESS CHY-SE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP				☐ Chang	e ( 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 Irustee 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.									