2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000115624

Entity Name: SUNKISSED PRO'S INC.

FILED Mar 12, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3330 WINDFIELD DR
HOLIDAY, DR 34691

3330 WINDFIELD DR
HOLIDAY, FL 34691 US

Current Mailing Address: New Mailing Address:

3330 WINDFIELD DR HOLIDAY, DR 34691 3330 WINDFIELD DR HOLIDAY, FL 34691 US

FEI Number: 80-0352137 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US ST MARTIN, KATHY E PRES 3330 WINDFIELD DR HOLIDAY, FL 34691 US

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.

SIGNATURE: KATHY ST MARTIN 03/12/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PD () Delete Title: TRES (X) Change () Addition WIECZOREK, FRANK Name: WIECZOREK, FRANK TRES 3330 WINDFIELD DR Address: 3330 WINDFIELD DR HOLIDAY, DR 34691 City-St-Zip: HOLIDAY, FL 34691 US

 Title:
 VD
 () Delete
 Title:
 PRES
 (X) Change () Addition

 Name:
 ST MARTIN, KATHY
 Name:
 ST MARTIN, KATHY PRES

 Address:
 3330 WINDFIELD DR
 Address:
 3330 WINDFIELD DR

Address: 3330 WINDFIELD DR Address: 3330 WINDFIELD DR City-St-Zip: HOLIDAY, DR 34691 City-St-Zip: HOLIDAY, FL 34691 US

Title: () Delete Title: VPRE () Change (X) Addition

 Name:
 Name:
 WEAVER, TIM R VPRES

 Address:
 Address:
 5124 OVERTON DR

City-St-Zip: City-St-Zip: NEW PORT RICHEY, FL 34652 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY ST MARTIN PRES 03/12/2009