

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000165542

Entity Name: SUNSATIONAL TECHNOLOGIES, INC.

FILED  
Feb 25, 2008  
Secretary of State

**Current Principal Place of Business:**

9781 SUNRISE LAKES BLVD 150 #301  
SUNRISE, FL 33322

**New Principal Place of Business:**

4545 NW 103 AVE  
206  
SUNRISE, FL 33351

**Current Mailing Address:**

9781 SUNRISE LAKES BLVD 150 #301  
SUNRISE, FL 33322

**New Mailing Address:**

4545 NW 103 AVE  
206  
SUNRISE, FL 33351

FEI Number: 74-3136007

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GIPS, STEFANIE  
9781 SUNRISE LAKES BLVD 150 #301  
SUNRISE, FL 33322 US

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

GIPS, STEFANIE  
4545 NW 103 AVE  
206  
SUNRISE, FL 33351 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: STEFANIE GIPS

02/25/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GIPS, STEFANIE  
Address: 9781 SUNRISE LAKES BLVD.  
City-St-Zip: SUNRISE, FL 33322

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: GIPS, STEFANIE  
Address: 9781 SUNRISE LAKES BLVD # 301  
City-St-Zip: SUNRISE, FL 33322

Title: VP ( ) Change (X) Addition  
Name: GIPS, IRVING I  
Address: 9781 SUNRISE LAKES BLVD # 301  
City-St-Zip: SUNRISE, FL 33322

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: STEFANIE GIPS

P

02/25/2008

Electronic Signature of Signing Officer or Director

Date