## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000010613

Entity Name: SUNAGO ADVISORY GROUP, INC.

FILED Apr 10, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
100 PARNELL STREET SUITE B				2023 NORTH ATLANTIC AVENUE 132			
MERRITT ISLAND, FL 32953				COCOA BEACH, FL 32931			
Current Mailing Address:				New Mailing Address:			
100 PARNELL STREET SUITE B MERRITT ISLAND, FL 32953				2023 NORTH ATLANTIC AVENUE 132 COCOA BEACH, FL 32931			
FEI Number: 2	20-2192313	FEI Number Applied For ( )	FEI Nun	nber Not Appli	icable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:		Name and	Address of N	lew Registered Agent:	
SUNAGO CPA GROUP, PA 100 PARNELL STREET SUITE B MERRITT ISLAND, FL 32953 US				SUNAGO CPA GROUP, PA 2023 NORTH ATLANTIC AVENUE 132 COCOA BEACH, FL 32931 US			
The above r		y submits this statement for the pu	urpose o	f changing it	ts registered o	office or registered agent, or both	,
SIGNATURE:				04/10/2009			
	Electr	onic Signature of Registered Ager	nt			Date	
Election Cam	paign Financ	ing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip: Title:	SUNAGO CP. 100 PARNEL MERRITT ISI	( ) Delete A GROUP, PA L STREET, SUITE B AND, FL 32953 ( ) Delete		Title: Name: Address: City-St-Zip: Title:	SUNAGO CPA 2023 NORTH A COCOA BEACH	TLANTIC AVENUE #132	
Name: Address: City-St-Zip:		ER J L STREET, SUITE E .AND, FL 32953		Name: Address: City-St-Zip:	HAYES, PETER 100 PARNELL MERRITT ISLA	STREET	
Title: Name: Address: City-St-Zip:	JOHNSON, D 2023 N ATLA			Title: Name: Address: City-St-Zip:	( )	) Change ()Addition	
Title: Name: Address: City-St-Zip:	BIGGS, BREI 2023 N ATLA			Title: Name: Address: City-St-Zip:	( )	) Change ()Addition	
Title: Name: Address: City-St-Zip:	BIGGS, BRIA 2023 N ATLA			Title: Name: Address: City-St-Zip:	( )	) Change ()Addition	

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: BRIAN R. BIGGS T 04/10/2009