2006 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P05000111088

1. Entity Name SUNNY'S BP MART, INC.

FILED

Apr 10, 2006 8:00 am Secretary of State

04-10-2006 90328 042 ***150.00

20027233

Principal Place of Business **51 DUNLAWTON AVENUE** PORT ORANGE, FL 32127 Mailing Address

51 DUNLAWTON AVENUE PORT ORANGE, FL 32127

								 	AZIRI BURU ATUU BRUK RA		KTII EDIGI IDIZI (1		
2. Principal Place of Business			3. 1	3. Mailing Address									
Suite, Apt. #, etc.			5	Suite, Apt. #, etc.				04062006	Chg-P	CR2E	034 (11/05)		
City & State				City & State				4. FEI Number	2526394			oplied For	
Zip	Country			Country Country				of Status Desired		\$8.75 Add	ditional		
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent						
						Name		<u> </u>					
JANG, CHUL H 51 DUNLAWTON AVENUE						Characteristics (DO D. N. C. S. N. C. S							
				Street Address			s (P.O. Box Number is Not Acceptable)						
PORT OR													
						City							
										F	L Zip Cod	е	
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 obligat	tions of regist	ered agent.			_		•	-			·		
PICNIATURE													
SIGNATURE													

FILE NOW!!! FEE IS \$150.00 9. Election Campaign Finan							\$ 5.	.00 Мау Ве					
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.							Add	ed to Fees					
10. OFFICERS AND DIRECT				TORS 11.				ADDITIONS	CUANCES TO OFF	IOCDC AL	ID DIDECTOR	0.151.44	
TITLE								ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
NAME	JANG, CH	80 H		Delete	TITLE						☐ Change	Addition Addition	
STREET ADDRESS	1	AWTON AVENUE				ET ADDRESS							
City-ST-ZIP		ANGE, FL 32127				-ST-ZIP							
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STATE OF LIT	r				E UIT	-31-ZIP							

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 eath; 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Cleut SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHUC H. JANG

4-4-06

386-767-8328

☐ Change

☐ Addition