APR-11-08 SAT 05:29 BOYLAN & BOYLAN INC.

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State
04-23-2008 90034 021 ***150.00

DOCUMENT # P05000116755

1. Entity Name
SUMORADA, INC.

Principal Place of Business	Mailing Address
6390 GULF BLVD ST PETERSBURG BCH, FL 33706	6390 GULF BLVD ST PETERSBURG BCH, FL 33706

400100--

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5501 GULF BLVD	Same
Suite, Apt. #, etc.: 106	Suite, Apt. #, etc.
City & State: ST PETERSBURG BEACH	City & State
Zip: 33706 Country: Pinellas	Zip Country

04112008 Chg-P CR2E034 (12/06)

4. FEI Number: 20-2307808 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BEERS, ERIC
7036 S SHORE DR S
PASADENA, FL

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 if applicable. (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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BEERS, ERIC E		NAME	
STREET ADDRESS	7036 S SHORE DR S		STREET ADDRESS	
CITY-ST-ZIP	PASADENA, FL		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ______ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4/10/08 Date — Daytime Phone #