


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000120233		
1. Entity Name SUN BLOX, INC.		

FILED

07 MAR 26 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3101 SHADOW POND TERRACE WINTER GARDEN, FL 34787	Mailing Address P.O. BOX 188 WINTER GARDEN, FL 34734
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2. Principal Place of Business - No P.O. Box # 472 Palm Drive	3. Mailing Address 472 Palm Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

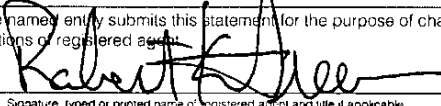
City & State Ocoee, Florida	City & State Ocoee, Florida
Zip 34761	Country USA
City & State Ocoee, Florida	City & State Ocoee, Florida
Zip 34761	Country USA



4. FEI Number 20-3551952	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

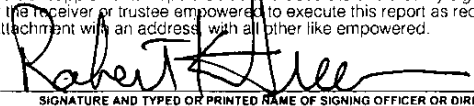
6. Name and Address of Current Registered Agent FREEMAN, ROBERT K 3101 SHADOW POND TERRACE WINTER GARDEN, FL 34787	
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7. Name and Address of New Registered Agent Name Robert K. Freeman Street Address (P.O. Box Number is Not Acceptable) 3101 Shadow Pond Terr City Winter Garden FL Zip Code 34787	
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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: 	DATE: 3-23-2007

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FREEMAN, ROBERT K 3101 SHADOW POND TERRACE WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600095808736 04/04/07--01044--004 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP SIMON FAIRBROTHER 4136 WILLOW BAY DR. Winter Garden, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600095808736 04/04/07--01044--005 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE: 3-23-07 DAYTIME PHONE: 3212219448