

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000158089

Entity Name: SUN-IT SOLUTIONS INC.

FILED
Feb 17, 2009
Secretary of State

Current Principal Place of Business:

7899 BAY MEADOWS WAY,
SUITE # 5C
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

7899 BAY MEADOWS WAY,
SUITE # 5C
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 14-1942986

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHERUKURI, SREENIVASULU
7899 BAY MEADOWS WAY
SUITE 5C
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: CHERUKURI, SREENIVASULU
Address: 7899 BAY MEADOWS WAY, SUITE 5C
City-St-Zip: JACKSONVILLE, FL 32256

Title: PTS () Delete
Name: CHERUKURI, RAJESWARI
Address: 7899 BAY MEADOWS WAY, SUITE 5C
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SREENIVASULU CHERUKURI

VD

02/17/2009

Electronic Signature of Signing Officer or Director

Date