

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 21, 2007 8:00 am**  
**Secretary of State**

06-21-2007 90022 027 \*\*\*150.00

<b>DOCUMENT # P05000166631</b> 1. Entity Name <b>SUNNY INTERIOR DESIGN, INC.</b>			
Principal Place of Business <b>7061 OLD KINGS RD. S.          #294          JACKSONVILLE, FL 32217</b>		Mailing Address <b>7061 OLD KINGS RD. S.          #294          JACKSONVILLE, FL 32217</b>	
2. Principal Place of Business - No P.O. Box # <b>1989 Glenfield Crossing Ct</b> Suite, Apt. #, etc.		3. Mailing Address <b>SAME</b> <b>AS</b>	
City & State <b>St Augustine FL</b>		City & State <b>Principle Place</b>	
Zip <b>32092</b>		Zip <b>32092</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-4152142</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DIAL, DAVID C          7061 OLD KINGS RD. S.          #294          JACKSONVILLE, FL 32217</b>		7. Name and Address of New Registered Agent Name <b>Rose <del>Zeinoun</del> A SALLOUM</b> Street Address (P.O. Box Number is Not Acceptable) <b>1989 Glenfield Crossing Ct</b> City <b>St Augustine</b> <b>FL</b> Zip Code <b>32092</b>	
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: <b>6/8/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00          Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b>	NAME <b>SALLOUM, ROSE A</b>	TITLE 	NAME 
STREET ADDRESS <b>7061 OLD KINGS RD. S.</b>	CITY-ST-ZIP <b>JACKSONVILLE, FL 32217</b>	STREET ADDRESS 	CITY-ST-ZIP 
CITY-ST-ZIP 			
TITLE 	NAME 	TITLE 	NAME 
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP 
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CITY-ST-ZIP 			
TITLE 	NAME 	TITLE 	NAME 
STREET ADDRESS 	CITY-ST-ZIP 	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: 		DATE: <b>6/8/07</b> DAYTIME PHONE: <b>904 207 4499</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE DAYTIME PHONE #</small>	