


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P05718	
1. Entity Name SUNWAY INVESTMENTS, INC.	

Principal Place of Business 10985 CODY SUITE 220 OVERLAND PARK, KS 66210 US	Mailing Address 10985 CODY SUITE 220 OVERLAND PARK, KS 66210 US
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01292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1333604	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

YOUNG, ROBERT
 316 CIRCLE DRIVE
 PALM HARBOR, FL 34683

DO NOT WRITE IN THIS SPACE

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 _____ (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

U00000925218
 02/20/08-80110-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC CULBERTSON, DONALD E 8 MOUNTAIN COVE ST. HENDERSON, NV 89052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KINDARD, KAREN 8 MOUNTAIN COVE ST. HENDERSON, NV 89052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, KAREN J 10985 CODY SUITE 220 OVERLAND PARK, KS 66210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, LINDA 10985 CODY SUITE 220 OVERLAND PARK, KS 66210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Linda L. Smith *Linda L. Smith* 2-8-08 913-345-2111
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #