## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 30, 2008 08:00 AM Secretary of State **DOCUMENT # P06000024509** Entity Name KINGDOM OF THE SUN REALTY CORP Principal Place of Business Mailing Address 12920 NE 245TH ST. RD. PO BOX 366 ORANGE SPRINGS, FL 32182 ORANGE SPRINGS, FL 32182 01172008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PHILLIPS, BRENDA DO NOT WRITE 103 CLEARWATER COURT HAWTHORNE, FL 32640 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME PHILLIPS, BRENDA 12920 NE 245TH ST. RD. 000000935557 05/23/08-80078-018 150.00 STREET ADDRESS CITY-ST-ZIP ORANGE SPRINGS, FL 32182 NAME STREET ADDRESS CITY-S1-ZIP MLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP IIILE

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:

NAME STREET ADDRESS CITY-ST-ZIP

Brenda Philless
Reparting AND TYPED OR PRINTED NAME OF STORING OFFICER OR DIRECTOR

1-21-08 352-598-1466

FILED