

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90245 049 \*\*\*150.00

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04082008 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P06000154503</b> 1. Entity Name <b>SUNBAY INTERIORS, INC.</b>					
Principal Place of Business <b>11452 LAGORCE AVENUE SPRING HILL, FL 34609</b>			Mailing Address <b>11452 LAGORCE AVENUE SPRING HILL, FL 34609</b>		
2. Principal Place of Business - No P.O. Box # <b>8088 WYSOCKI CT</b>		3. Mailing Address <b>8088 WYSOCKI CT</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>SPRING HILL, FL</b>		City & State <b>SPRING HILL, FL</b>		4. FEI Number <b>20-8063189</b>	
Zip <b>34606</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WRIGHT, ALITA 11452 LAGORCE AVENUE SPRING HILL, FL 34609</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>8088 WYSOCKI CT</b> City <b>SPRING HILL</b> <b>FL</b> Zip Code <b>34606</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>WRIGHT, SHANE</b> <b>11452 LAGORCE AVENUE</b> <b>SPRING HILL, FL 34609</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8088 WYSOCKI CT</b> <b>SPRING HILL FL 34606</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>WRIGHT, ALITA</b> <b>11452 LAGORCE AVENUE</b> <b>SPRING HILL, FL 34609</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8088 WYSOCKI CT</b> <b>SPRING HILL FL 34606</b>	
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	
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.					
<b>SIGNATURE: <i>Alita Wright</i>, ALITA WRIGHT</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>X4-14-08</b> <small>Date</small>		<b>352-597-1607</b> <small>Daytime Phone #</small>