

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000024285

FILED
Jan 23, 2008
Secretary of State

Entity Name: SUNNY STATE ROOFING INC

Current Principal Place of Business:

1743 S. CRANBERRY BLVD
NORTH PORT, FL 34286

New Principal Place of Business:

Current Mailing Address:

1743 S. CRANBERRY BLVD
NORTH PORT, FL 34286

New Mailing Address:

FEI Number: 26-0396413

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOGDAN, ALEKSANDR
1743 S. CRANBERRY BLVD
NORTH PORT, FL 34286 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: P () Delete
Name: BOGDAN, ALEKSANDR
Address: 1743 S. CRANBERRY BLVD
City-St-Zip: NORTH PORT, FL 34286

Title: V () Delete
Name: BOGDAN, OKSANA
Address: 1743 S. CRANBERRY BLVD
City-St-Zip: NORTH PORT, FL 34286

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: BOGDAN, OKSANA
Address: 1743 S. CRANBERRY BLVD
City-St-Zip: NORTH PORT, FL 34286

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: OKSANA BOGDAN

VP

01/23/2008

Electronic Signature of Signing Officer or Director

_____ Date