2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

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DOCUMENT #P07000032702 1. Entity Name SUN KING SOLAR POWER, INC.								05-01-20	08 901	86 048 **	*150.00	
Principal Plac	se of Precince	•		nilion Address				1				
Principal Place of Business Mailing Address									6601	227	Q »	
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#106 #106 Tarpon Springs, Fl. 34689 Tarpon Springs, Fl. 34689												
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2. Principal Place of Business - No P.O. Box #			3. 1	3. Mailing Address							EN WIN ICH I	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04282008	Chg-P	CR2	E034 (12/06))
City & State				City & State				4. FEI Numb	M		I IA	ppked For
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Zip		Country	7	Zip	Count	lry			of Status Desired		\$8.75 Ad	
		L			L,			L			Fee Requin	ed
	6. Name	and Address of Curre	ent Regist	tered Agent		N		7. Name and	Address of New	Registere	d Agent	
					- 1	Name						
FLYNN, M		VE			1	Street Art	idress (f	P.O. Box Number	er is Not Acceptab	(e)	~	·
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#106 TARPON SPRINGS, FL 34889												
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8. The above	named entit	y submits this statemen	t for the p	urpose of changing its	registere	d office or	register	ed agent, or bot	th, in the State of F	lorida la	n familiar with	and accept
the obligat	tions of regist	lered agent.										
CICNIATION												
SIGNATURE.		or printed name of registered ag	geni and title i	applicable. (NOT	E: Recisiered	Agent signatur	te reculted	when rainstating)		DATE		
SIGNATURE.		or priviled name of registered ag	gent and this i	applicable. (NOT	E: Registered	a Agent signatur	re required	when rainstating)		DATE		
	Signature, typed		gent and title i	9. Election Campa	ign Finan	cing _		when reinstating)		DATE		
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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 cath; 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 properties.

CITY-ST-ZIP

SIGNATURE:

ATURE AND INFER AN PRINTED AND CONTRACTOR OF DIRECT

4-28-07

27944-5525