## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000032702

Title:

Name:

Address:

City-St-Zip:

Entity Name: SUN KING SOLAR POWER, INC.

FILED Apr 08, 2009 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
1820 S PINELLAS AVE #106 TARPON SPRINGS, FL 34689				1713 GULF BEACH BLVD TARPON SPRINGS, FL 34689		
Current Mailing Address:			New Maili	New Mailing Address:		
1820 S PINELLAS AVE #106 TARPON SPRINGS, FL 34689				1713 GULF BEACH BLVD TARPON SPRINGS, FL 34689		
FEI Number:	20-8592754	FEI Number Applied For ( ) FEI	Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
FLYNN, MICHAEL 1820 S PINELLAS AVE #106 TARPON SPRINGS, FL 34689 US			1713 GÚLF	FLYNN, MICHAEL B PRES 1713 GULF BEACH BLVD TARPON SPRINGS, FL 34689 US		
The above in the State		ubmits this statement for the purpos	se of changing i	ts registered o	office or registered agent, or both,	
SIGNATURE: MICHAEL B FLYNN				04/08/2009		
	Electron	ic Signature of Registered Agent			Date	
Election Carr	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () FLYNN, MICHAE 1820 S PINELLA TARPON SPRIN	AS AVE, #106	Title: Name: Address: City-St-Zip:	FLYNN, MICHA 1713 GULF BE		
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address:		) Change (X) Addition RAH A V. PRES ACH BLVD	
			City-St-Zip:	TARPON SPRII	NGS, FL 34689	
Title: Name: Address: City-St-Zip:	()	Delete	City-St-Zip: Title: Name: Address: City-St-Zip:	MISS ( KELLY B. FLYI 1713 GULF BE	NGS, FL 34689 ) Change (X) Addition NN, DIRECTOR	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL B FLYNN PRES 04/08/2009

( ) Delete

( ) Change (X) Addition

MICHAEL R. FLYNN, DIRECTOR

1713 GULF BEACH BLVD TARPON SPRINGS, FL 34689