2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# P07000051351

Entity Name: SUN INVENTURES, INC.

Current Principal Place of Business:

20629 GREAT LAUREL AVE
TAMPA, FL 33647

New Principal Place of Business:

20020 NOB OAK AVE
TAMPA, FL 33647

Current Mailing Address:

20629 GREAT LAUREL AVE
TAMPA, FL 33647

New Mailing Address:

20020 NOB OAK AVE
TAMPA, FL 33647

FEI Number: 20-8909131 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATEL, NILESHKUMAR C
20629 GREAT LAUREL AVE
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

PATEL, NILESHKUMAR C
20020 NOB OAK AVE
TAMPA, FL 33647 US

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: PATEL, NILESHKUMAR C. 03/26/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PATEL, NILESHKUMAR C
Address: 20629 GREAT LAUREL AVE
City-St-Zip: TAMPA, FL 33647

Title: VP ( ) Delete
Name: PATEL, RAJESHKUMAR C
Address: 3598 US HIGHWAY 90 WEST
City-St-Zip: LAKE CITY, FL 32055

Title: D ( ) Delete
Name: PATEL, JAYESH K
Address: 110 TATHAM RD
City-St-Zip: BENSALEM, PA 19020

Title: D ( ) Delete
Name: PATEL, BHAVESH N
Address: 34775 BOWIE COMMONS
City-St-Zip: FREMONT, CA 94555

Title: D ( ) Delete
Name: SHAH, VINAY N
Address: 1419 SANTA FE TRAIL
City-St-Zip: IRVING, TX 75063

Title: D ( ) Delete
Name: PATEL, ARVIND C
Address: 12802 MIRAMAR PL
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PATEL, NILESHKUMAR C
Address: 20020 NOB OAK AVE
City-St-Zip: TAMPA, FL 33647

Title: VP (X) Change ( ) Addition
Name: PATEL, RAJESHKUMAR C
Address: 3993 N W WISTERIA DR
City-St-Zip: LAKE CITY, FL 32055

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

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

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

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

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: PATEL, NILESHKUMAR C. P 03/26/2009
Electronic Signature of Signing Officer or Director Date