2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000096808

1. Entity Name



FILED Jan 22, 2008 8:00 am Secretary of State 01-22-2008 90054 003 ***150.00

SUMACH BUSINESS SOLUTIONS INC.						01-22-2006 90	1034 003	150.00	,	
Principal Place of Business 3300 NORTH PACE BLVD M-215 PENSACOLA, FL 32505		Mailing Address 3300 NORTH PACE BLVD M-215 PENSACOLA, FL 32505			100	REIN INTH MINN SEIN ETH		al rale agrat car	11 11 1 1 1 1 1 1	
2. Principal P	ace of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01072008	Chg-P	CR2E03	34 (12/06)		
City & State		City & State			4. FEI Numb	er			plied For t Applicable	
Zip	Country Zip		Coun	ntry	5. Certificate	of Status Desired		8.75 Add ee Require		
Name and Address of Current Registered Agent					7. Name and	Address of New R	tegistered A	gent		
OUD ANDA			Name							
3300 NOR	II, RAMANA TH PACE BLVD M-215 ILA, FL 32505		Street Ad-		ss (P.O. Box Numb	er is Not Acceptable	e)			
	*** *		City				FL	Zip Codi	8	
	named entity submits this statement ions of registered agent.	for the purpose of changing	g its register	ed office or regis	stered agent, or bo	th, in the State of Fk	orida. Lam fa	amiliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable.	(NOTE: Registere	ed Agent signature requ	uired when reinstating)		DATE		··-	
FIL: After Ma	E:NOWIII TEE 15'\$150:00 ay 1, 2008 Fee will be \$550	9. Election Car Trust Fund C			\$5.00 May Be Added to Fees					
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE	Р	☐ Delete	TITL	£				☐ Change	■ Addition	
NAME	SURANENI, RAMANA		NAM							
STREET ADORESS CITY-ST-ZIP	3300 NORTH PACE BLVD M-2 PENSACOLA, FL 32505	:15		EET ADDRESS (-ST-ZIP						
	FENOAGOEA, FE 32303	☐ Delete	TITL					☐ Change	☐ Addition	
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 		☐ Delete	TITL					☐ Change	☐ Addition	
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NAME			NAM							
STREET ADDRESS				EET ADDRESS						
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TITLE		☐ Defete	TITE	1				Change	☐ Addition	
NAME STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP				Y-ST-ZIP						
12 Lhoroby	nortify that the information expelied u	ith this fiting does not qual	in for the ev	omatione conte	inad in Chapter 11	0 Elorida Statutos	L further cod	ifu that the i	nformation	

nereby certify that the information supplied with this fitting 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 trustate 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-485-3744

Daytime Phone #