2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000118836

City-St-Zip:

CAPE CORAL, FL 33904

Entity Name: SUNNY HOMES REALTY OF SWFLA. INC

FILED May 01, 2009 Secretary of State

Thirty Hame! Contributed REALTH OF COVIDING						
Current Principal Place of Business:				New Principal Place of Business:		
4418 DEL PRADO BLVD., STE. B CAPE CORAL, FL 33904				4418 DEL PRADO BLVD. SUITE B CAPE CORAL, FL 33904		
Current Mailing Address:				New Mailing Address:		
4418 DEL PRADO BLVD., STE. B CAPE CORAL, FL 33904				4418 DEL PRADO BLVD. SUITE B CAPE CORAL, FL 33904		
FEI Number:	El Number: 06-1835789 FEl Number Applied For () FE		FEI Numbe	er Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
MICKULEIT, CHRISTIAN 214 BAYSHORE DR. CAPE CORAL, FL 33904 US				MICKULEIT, CHRISTIAN 4418 DEL PRADO BLVD. SUITE B CAPE CORAL, FL 33904 US		
The above in the State		submits this statement for the p	ourpose of c	hanging its registered o	office or registered agent, or both,	
SIGNATURE:				05/01/2009		
Electronic Signature of Registered Agent				Date		
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ot receive the	prior notice.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	KRAUL, TORST	DO BLVD., STE. B	Na Ac	tle: (ame: ldress: ty-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	MICKULEIT, CH	DO BLVD., STE. B	Na Ad	tle: (ame: ldress: ty-St-Zip:) Change ()Addition	
Title: Name: Address:	PEHNS, DARÌA	Delete	Na	ile: (ame: Idress:) Change () Addition	

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.

City-St-Zip:

SIGNATURE: TORSTEN KRAUL P 05/01/2009