


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90037 016 \*\*\*150.00

<b>DOCUMENT # P93000052325</b>	
1. Entity Name <b>SUN MARKETING GROUP, INC.</b>	

Principal Place of Business <b>1124 SOUTH WICKHAM ROAD W MELBOURNE, FL 32904 US</b>	Mailing Address <b>1124 SOUTH WICKHAM ROAD W MELBOURNE, FL 32904 US</b>
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2. Principal Place of Business - No P.O. Box # <b>626 MONTREAL AVENUE</b>	3. Mailing Address <b>626 MONTREAL AVENUE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04152008 Chg-P CR2E034 (12/06)

City & State <b>MELBOURNE FL.</b>	City & State <b>MELBOURNE, FL.</b>
Zip <b>32935</b>	Zip <b>32935</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>59-3191868</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>ANDERSON, J. PATRICK 930 S. HARBOR CITY BLVD. SUITE 505 MELBOURNE, FL 32901</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>D BOHNE, JOHN P 131 LANSING ISLAND DR INDIAN HARBOUR BEACH, FL 32937</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>D MILLETT, RAYMOND J JR 2435 DEERCREEK LOB LOLLY LANE DEERFIELD BEACH, FL 33442</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>D FOOR, ANDREW R 2239 PINNACLE CIRCLE NORTH PALM HARBOR, FL 34684</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 oath; that I am an officer or director of the corporation or the receiver or trustee authorized 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: JOHN P. BOHNE **JOHN P. BOHNE** 4/15/08 **321-253-5035**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #