2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 04, 2008 08:00 AN **DOCUMENT # P95000079774** Secretary of State SUNFLO EQUIPMENT, INC. Principal Place of Business Mailing Address 10185 COLLINS AVE. % LIANNE J. MOORE 1518 2565 SHETLAND PARK BAL HARBOUR, FL 33154 ST. LAZARE, QUEBEC, CANADA, J7T -2B1 01252008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 498-0158924 Not Applicable \$8.75 Additional 5.- Certificate of Status Desired-Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PERLOW, JEFFREY M 1820 E. HALLANDALE BEACH BLVD. HALLANDALE, FL 33009 IN THIS SPACE 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. Signature, typed or printed name of registered agent and tipe if applicable (NOTE: Registered Agent signature required when reinstating DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE MOORE, LIANNE J NAME U00000815137124 1:02/13/08-80071-024150-00 STREET ADDRESS 2565 SHETLAND PARK, ST. LAZARE CITY-ST-ZIP QUEBEC CANADA, J7T 2B1 TITLE MOORE, RICHARD W 1225 ROCKLAND STREET ADDRESS CITY-ST-7IP MT ROYAL QUEBEC, CANADA, H3P 2X9 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 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:

NAME STREET ADDRESS CITY-ST-ZIP

DIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jad 29, 201 5/4-333-/2

FILED