


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # P96000045297	
1. Entity Name HEALTH & SUN RESEARCH, INC.	

Principal Place of Business 3874 TAMPA RD OLDSMAR, FL 34677 US	Mailing Address PO BOX 8368 CLEARWATER, FL 33758 US
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01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3379841	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SHERMAN, JEFFREY 3874 TAMPA ROAD OLDSMAR, FL 34677
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**DO NOT WRITE
IN THIS SPACE**

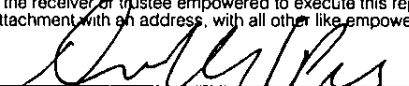
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CAROLLO, DONNA P.O. BOX 8368 CLEARWATER, FL 33758
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GULLO, ANTHONY G P.O. BOX 8368 CLEARWATER, FL 33758
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04/03/08-80110-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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: 	3/17/08 Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone # _____	