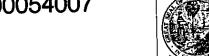
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000054007



FILED Feb 14, 2003 8:00 am Secretary of State

1. Entity Name SUN POWER INC.					02-14-2003 90243 042 ***150.00				
Principal Place of Business 21312 HILLTOP AVE. PANAMA CITY BEACH FL 32413		Mailing Address P O BOX 7547 PANAMA CITY BCH FL 32413							
Principal Place of Business 3. Mailing Address				-	1	BILLIBI (10 15101 18111 BEHIL BEHIL)		(10) 4)4)) 74()) 64(., .==: 1861
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 59-3519211		Applied For Not Applicable		
Zip Country		Zip	Country		1	ate of Status Desired		\$8.75 Addit Fee Required	ional
	6. Name and Address of Current	Registered Agent			7. Name	and Address of New Re	Jisterea /	ngent	
				Name		•			
THOMPSON, CAROL 21314 HILLTOP AVE				Street Address ((P.O. Box Nu	mber is Not Acceptable)			
	HTY BEACH FL 32413							_	
•_	named entity submits this statement to			City			FL	-	
FI After	Signature, typed or printed name of registered agent LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00)TE: Register	ed Agent signature require	g	, Election Campaign Fina Trust Fund Contribution	. !	Added	May Be to Fees
Make Check	Payable to Florida Department of		11		ADDITIO	ONS/CHANGES TO OFFI	CERS AN	D DIRECTORS	S IN 11
10.	OFFICERS AND	DIRECTORS Delete	TiT					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS THOMPSON, CAROL 21314 HILLTOP AVE. PANAMA CITY BEACH FL 3241	_	NA STI	l l					☐ Addition
TITLE NAME STREET ADDRESS	VPT THOMPSON, RON 55 RIVERVIEW DR.	☐ Delete	NA ST	ILE IME REET ADDRESS TY-ST-ZIP	. <u>—</u>			☐ Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	TUSCUMBIA AL 35674	Defete	N/	TILE			- معندونات	Change	Addition -
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete	TI N.	TLE AME TREET ADDRESS (TY-ST-ZIP				☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		Delete	T N S	ITLE IAME ITREET ADDRESS	•			Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete	, T	TITLE IAME STREET ADDRESS CITY-ST-ZIP			<u> </u>	☐ Change	Addition
CITY-ST-ZIP					Continu 110	07(3Vi) Florida Statutes	. I further	certify that the	information

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: