## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT # P99000025945**

1. Entity Name SUNNYTECH, INC.



Principal Place of Business

6203 JOHN'S ROAD #3 TAMPA, FL 33634 Mailing Address

6203 JOHN'S ROAD #3 TAMPA, FL 33634



### DO NOT WRITE IN THIS SPACE

01122004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3564632

5. Certificate of Status Desired -----

\$8.75 Additional

Applied For

Not Applicable

0000000 0000000

6. Name and Address of Current Registered Agent

MILLS, FREDERICK J ESQ. MORRISON, MORRISON & MILLS, P.A. 1200 WEST PLATT STREET - SUITE 100 TAMPA, FL 33602

## 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

#### FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

After may 1, 2004 Fee will be \$550.00			
10.	OFFICERS AND DIRECTORS		
TITLE	SD		
NAME	LAREW, WILLIAM J		
STREET ADDRESS	2314 CLEWIS CT #205		
CITY-ST-ZIP	TAMPA, FL 33629	•	
TITLE	С		
NAME	NIU, JOSEPH		
STREET ADDRESS	33 SILVER SPRING COURT		
CITY-ST-ZIP	EAST HANOVER, NJ 07936		
TITLE .	T		
NAME	HUANG, TIFFANY	•	
STREET ADDRESS	10290 OXFORD HILL CIRCLE		
CITY-ST-ZIP	ALPHARETTA, GA 30022		
TITLE	Р		
NAME	HUANG, JEFFREY	· •	
STREET ADDRESS	10290 OXFORD HILL CIR	i :	
CITY-ST-ZIP	ALPHARETTA, GA 30022		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS		•	
CITY-ST-ZIP			

600029249956 02/23/04--01071--008 \*\*150.00

# DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 truestee/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 effipowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dat

Daytime Phone #