FILED 2008 FOR PROFIT CORPORATION Apr 14, 2008 08:00 Al Secretary of State **ANNUAL REPORT** DOCUMENT # P99000077905 1. Entity Name SUMI WARE INC. Principal Place of Business Mailing Address 7408 EDGEWOOD BOYS RANCH RD. PO BOX 545 GROVELAND, FL 34736 GROVELAND, FL 34736 CR2E034 (11/05) 04092008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0943489 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WARE, SAMINDER K DO NOT WRITE 7408 EDGEWOOD BOYS RANCH ROAD GROVELAND, FL 34736 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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent eigneture required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U000000897576 OFFICERS AND DIRECTORS 10. DPS TITLE MANE WARE, SAMINDER K 7408 EDGEWOOD BOYS RANCH RD STREET ADDRESS GROVELAND, FL 34736 CHTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-71P TIFLE 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:

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4/10/08

Daytime Phone #