

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S82590

FILED
Apr 30, 2008
Secretary of State

Entity Name: SUNBURST SHUTTERS FLORIDA, INC.

Current Principal Place of Business:

279 DOUGLAS AVENUE #1104
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

279 DOUGLAS AVENUE #1104
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-3085824

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANSEN, TODD K
279 DOUGLAS AVE
#1104
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HANSEN, TODD K
Address: 1554 REBECCA PLACE
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: JARMAN, DIX L
Address: 1630 BROCK CT
City-St-Zip: LAS VEGAS, NV 89117

Title: P () Delete
Name: HANSEN, TODD
Address: 1554 REBECCA PLACE
City-St-Zip: LONGWOOD, FL 32779

Title: ST () Delete
Name: HANSEN, EMBER
Address: 1554 REBECCA PLACE
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD K. HANSEN

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date