
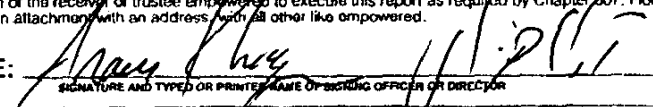


FILED  
May 04, 2006 8:00 am  
Secretary of State

05-04-2006 90232 006 \*\*\*150.00

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # V13259			
1. Entity Name SUN GLOW CONSTRUCTION, INC.			
Principal Place of Business 5889 AIRPORT ROAD, #214 PORT ORANGE, FL 32128 US		Mailing Address 5889 AIRPORT ROAD, #214 PORT ORANGE, FL 32128 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		1029 S. Nova Rd Unit H Suite, Apt. #, etc.	
City & State		City & State Ormond Beach, FL	
Zip	Country	Zip	Country
32174	USA	32174	USA
4. FEI Number 59-3101860		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Khazraee KHAZDEE, ARAM 1951 SOUTH CREEK BLVD PORT ORANGE, FL 32128		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	
		Zip Code	
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 insuring)</small>			
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVC KHAZRAEE, ARAM 1951 SOUTH CREEK BLVD. DAYTONA BEACH, FL 32124 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Khazraee, Aram 763 N. Beach St Ormond Beach, FL 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, such as other like empowered.			
SIGNATURE: 		Date _____ Daytime Phone # _____	

40084471



04282006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3101860

5. Certificate of Status Desired  \$8.75 Additional Fee Required

SIGNATURE

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

(NOTE: Registered Agent signature required when insuring)

DATE

FILE NOW!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

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10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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STREET ADDRESS  
CITY-ST-ZIP  
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1951 SOUTH CREEK BLVD.  
DAYTONA BEACH, FL 32124  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Khazraee, Aram  
763 N. Beach St  
Ormond Beach, FL 32174  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Delete

TITLE  
NAME  
STREET ADDRESS  
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 Change  Addition

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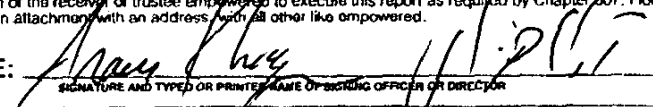
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SIGNATURE:  Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_