


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90100 029 \*\*\*\*70.00

<b>DOCUMENT # 711606</b>			
1. Entity Name <b>SUNDIAL TOWERS CONDOMINIUM, INC.</b>			
Principal Place of Business <b>8400 BYRON AVE. MIAMI BEACH FL 33141</b>		Mailing Address <b>8400 BYRON AVE. MIAMI BEACH FL 33141</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

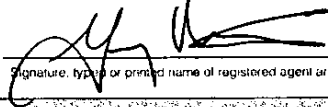


1st MOORE CR2E037 (10/05)

4. FEI Number <b>59-1222305</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>BEREGOWAY, R. 8400 BYRON AV E. MIAMI BEACH FL 33141</b>		7. Name and Address of New Registered Agent Name <b>GARY M. Mars, Esq. / Hyman, Specter &amp; Mars LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>150 W. Flagler Street Museum Tower, Ste. 2701</b> City <b>MIAMI, FL.</b> FL Zip Code <b>33130</b>	
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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 **3/2/06**

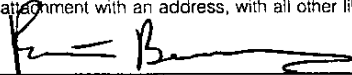
**FILE NOW - FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEREGOWAY, R.	NAME	
STREET ADDRESS	8400 BYRON AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KETTMAN, M.	NAME	KETTMAN, M.
STREET ADDRESS	8400 BYRON AVE.	STREET ADDRESS	8400 BYRON AVE APT 5F
CITY-ST-ZIP	MIAMI BEACH FL 33141	CITY-ST-ZIP	MIAMI BEACH FL 33141
TITLE	STD <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZILL, M	NAME	WEGIEL, Z.
STREET ADDRESS	8400 BYRON AVE 4F	STREET ADDRESS	8400 BYRON AVE APT 5C
CITY-ST-ZIP	MIAMI BEACH FL 33141	CITY-ST-ZIP	MIAMI BEACH FL 33141
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLEY, J.	NAME	YANKOWSKY, B.
STREET ADDRESS	8400 BYRON AVE 2C	STREET ADDRESS	8400 BYRON AVE APT 5D
CITY-ST-ZIP	MIAMI BEACH FL 33141	CITY-ST-ZIP	MIAMI BEACH FL 33141
TITLE	D <input type="checkbox"/> Delete	TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEGEA, M.	NAME	DEGEA GREZELL, M.
STREET ADDRESS	8400 BYRON AVE.	STREET ADDRESS	8400 BYRON AVE APT 6D
CITY-ST-ZIP	MIAMI BEACH FL 33141	CITY-ST-ZIP	MIAMI BEACH FL 33141
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SELARO, F.	NAME	NAZARKEWYCZ, I.
STREET ADDRESS	8400 BYRON AVENUE 2A	STREET ADDRESS	8400 BYRON AVE. APT 4C
CITY-ST-ZIP	MIAMI BEACH FL 33141	CITY-ST-ZIP	MIAMI BEACH FL 33141

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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:  **RONNIE BEREGOWAY** 2/15/2006 786-543-9469