2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # J10116

1. Entity Name
SUNSTREAM, INC.

Principal Place of Business	Mailing Address
C/O DENNIS POOL 6620 ESTERO BLVD 4TH FL FT MYERS BCH., FL 33931	C/O DENNIS POOL 6620 ESTERO BLVD 4TH FL FT MYERS BCH., FL 33931

DO NOT WRITE IN THIS SPACE

07112006 No Chg-P CR2E034 (11/05)

4. FEI Number
58-1674018
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MONSRUD, MARY ANNE
6620 ESTERO BLVD
FT. MYERS BEACH, FL 33931

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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

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LAWRENCE, PAUL W
STREET ADDRESS	1125 S FRONTAGE RD SUITE 4
CITY-ST-ZIP	HASTINGS, MN 55033
TITLE	VSD
NAME	VOGEL, JAMES D.
STREET ADDRESS	3936 TAMIAMI TRAIL N. STE. D
CITY-ST-ZIP	NAPLES, FI 33940
TITLE	DV
NAME	SWANSON, ROBERT J
STREET ADDRESS	1125 S FRONTAGE RD SUITE 4
CITY-ST-ZIP	HASTINGS, MN 55033
TITLE	D
NAME	VOGEL, RICHARD M
STREET ADDRESS	3936 TAMIAMI TRAIL N. STE. D
CITY-ST-ZIP	NAPLES, FL 33940
TITLE	DPT
NAME	LAWRENCE, DAVID A.
STREET ADDRESS	1125 S FRONTAGE RD SUITE 4
CITY-ST-ZIP	HASTINGS, MN 55033
TITLE	SVD
NAME	FLUEGEL, DONALD
STREET ADDRESS	1303 S FRONTAGE RD #5
CITY-ST-ZIP	HASTINGS, MN 55033

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07/18/06-80003-020 150.00

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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, with all other like empowered.

SIGNATURE: _____ 7/11/06 239-765-4111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #