2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 02, 2006 08:00 AN DOCUMENT # J72156 1. Entity Name Secretary of State SUN PROOF CORPORATION OF FLORIDA Mailing Address Principal Place of Business 1009 COURT ST 1009 COURT ST CLEARWATER FL 33756 CLEARWATER FL 33756 3. Marting Address 2. Principal Place of Business Suite. Apt. #, etc. Suite, Apt. #, etc CR2E034 (10/05) 1st MOORE City & State 4. FEI Number Applied For City & State 59-2770964 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THOMPSON, GAIL M. Street Address (P.O. Box Number is Not Acceptable) 1009 COURT ST CLEARWATER FL 33756 City 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 Signature, typed or printen name of registered agent and life 4 applicable (NOTE Registered Agent signature required when roinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May 8e 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. TITLE Change ☐ Addition TITLE Delete NAME THOMPSON, GAIL M. 1,00,000,454062 STREET ADDRESS STREET ADORESS 1009 COURT ST 03/14/06 80047-008 150.00 CITY - ST - ZIP CLEARWATER FL CITY - ST - ZIP VD ☐ Delete Title Change Addition THE NAME NAME SMITH, ROBERT M. STREET ADDRESS STREET ADDRESS 1009 COURT ST CITY-ST-ZIP CITY ST-ZIP CLEARWATER FL Change ☐ Addition HEL ☐ Britis TITE C NAME NAME THOMPSON, RICHARD T. STREET ADDRESS STRLET ADDRESS 1009 COURT ST CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL ☐ Addition ☐ Delete ☐ Change THE MILE NAME MAME STREET ADDRESS STREET ADDRESS City-St-ZP CITY - ST - ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete HILE MILE MAME STREET ADDRESS STREET ADDRESS

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 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

MALL JAMPSON CALL

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECT

M. Thompson 2/23/06

727 446-1735

Daylime Phone #