## Apr 12, 2006 8:00 am Secretary of State 2006 FOR PROFIT CORPORATION **ANNUAL REPORT** 04-12-2006 90102 042 \*\*\*150.00 DOCUMENT #K53305 1. Entity Name SUNMARK COMMUNITIES CORP. 50011233 Principal Place of Business Mailing Address 800 WEST CYPRESS CREEK RD 800 WEST CYPRESS CREEK RD STE 280 STE 280 FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 US 2. Principal Place of Business 3. Mailing Address 300 W. Camino 7300 W. Camino Suite, Apt. #, etc. Suite, Apt. #, etc. 04102006 Chg-P CR2E034 (11/05) 122 Sivite suite. ity & State City & State 4. FEI Number Applied For FI FL atou, 65-0102802 Not Applicable Country USA <sup>Zip</sup> 33433 \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent (hanae KRINSKY, JAY Street Address (P.O. Box Number is Not Acceptable) 800 WEST CYPRESS CREEK RD STE 280 FORT LAUDERDALE, FL 33309 Zip Code 33433 Boca ROFON 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TITLE TITLE ☐ Delete KRINSKY, JAY NAME NAME 1300 W. Camino Real, #122 Boca Raton, FL 33433 ©Change STREET ADDRESS 800 WEST CYPRESS CREEK RD STREET ADDRESS FORT LAUDERDALE, FL 33309 CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Addition TITLE TITLE KRINSKY, TINA J NAME NAME 7300 W. Camino Real, #122 800 WEST CYPRESS CREEK RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33309 CITY-ST-ZIP 33433 ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 of supplemental report is true and accurate end that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of 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

CITY-ST-ZIP

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

FILED