2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000070107

1. Entity Name



FILED Jan 31, 2007 8:00 am Secretary of State 01-31-2007 90041 028 ***150.00

NAME STREET ADDRESS CITY-ST-ZIP TITLE VS CAME, PRESTON C STREET ADDRESS CITY-ST-ZIP TITLE CAME, PRESTON C STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUNSTAT	E GRAIN BROKERS, INC.								
Suite, Apt. # etc. Suite, Apt. #, etc.	11433 PEMBROOK RUN		11433 PEMBROOK RUN		4000	գրութու				
Suite, Apt. # etc. Suite, Apt. #, etc.										
City & State Country Country Country Country Country S. Centricate of Status Desired Set 75 Additional CAME, PRESTON C 21773 BRIXHAM RUN LOOP ESTERO, FL 33928 City City FL City FL Zio Code Set Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 After May 1	2. Principal Place of Business - No P.O. Box #		3. Mailing Address			.] 		<u> </u>		
Zip Country Zip Country St. 75-3069403 St. 75 Additional St. 75 Addition	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092007	Chg-P	CR2E034	(12/06)		
Country Zip Country Zip Country St. Certificate of Status Desired \$8.75 Additional Fee Required Agent The Address of Current Registered Agent The Address of New Regis	City & State		City & State							
CAME, PRESTON C 21773 BRIXHAM RUN LOOP ESTERO, FL 33928 8. The above named entity submits inits 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, need to present name of registered agent and steel Applicable. (NOTE Registered Agent stophuse inspired when inshifting) After May 1, 2007 Fee will be \$550.00 After May 1, 2007 Fee will be \$550.00 After May 1, 2007 Fee will be \$550.00 TILE PT OFFICERS AND DIRECTORS II. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. MAME CAME, CHERIE J STREET ADDRESS CITY-ST-2P TILE VS Delete TILE NAME CAME, CHERIE J STREET ADDRESS CITY-ST-2P TILE NAME STREET ADDRESS CITY-ST-2P	Zip	Country	Zip	Country				8.75 Additi		
CAME_PRESTON C 21773 BRIXHAM RUN LOOP ESTERO, FL 33928 City FL Zio Code City FL Zi	<u> </u>	6 Name and Address of Current	t Registered Agent		7. Name and A	ddress of New R				
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City	V. Haile and Address of Current Registered Agent									
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. Page 12 per	21773 BRIXHAM RUN LOOP			Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
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 Segmana, hood or inneed name of registered agent and atte 4 apolicable. (NOTE flogations are part agent agen		,		City	<u> </u>		FI	Zip Code		
SIGNATURE Signature, inped or jurised name of registered agent and tale # apolicable. (NOTE Registered Agent signature required when rehalating) PILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Added to Fees 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 11 TITLE PT			for the purpose of changing its re	egistered office or reg	gistered agent, or both	, in the State of Flc		niliar with, a	nd accept	
FILE NOWILI FEE IS \$150,00 After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITLE PT	ine obligati	ons or registered agent.								
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10.		Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: F	Registered Agent signature re	iquired when reinstating)	, , , , , , , , , , , , , , , , , , ,	DATE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CAME, CHERIE J NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CAME, PRESTON C STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP										
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TITLE VS Delete TITLE CAME, PRESTON C STREET ADDRESS CITY-ST-ZIP ESTERO, FL 33928 CITY-ST-ZIP Change Addition	NAME STREET ADDRESS	CAME, CHERIE J 11433 PEMBROOK RUN	☐ Delete	NAME STREET ADDRESS				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE	NAME STREET ADDRESS	VS CAME, PRESTON C 11433 PEMBROOK RUN	☐ Delete	NAME STREET ADDRESS				☐ Change	☐ Addition	
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THE Change Add	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP 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	STREET ADDRESS CITY-ST-ZIP		☐ Delete	STREET ADDRESS CITY-ST-ZIP	dained in Observe	O. Florida Statuta	1 finisher or	Change	Addition	

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 507, 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 AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR