

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000032766

Entity Name: SUNSTAR MEDIA, INC.

FILED
Apr 26, 2005
Secretary of State

Current Principal Place of Business:

12809 WATER POINTE BOULEVARD
WINDERMERE, FL 34786 US

New Principal Place of Business:

Current Mailing Address:

12809 WATER POINTE BOULEVARD
WINDERMERE, FL 34786 US

New Mailing Address:

FEI Number: 20-0753793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAW, THOMAS C ESQ.
430 NORTH MILLS AVENUE
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. () Change (X) Addition
Name: ROBERTSON, ROY E PRES
Address: 12809 WATER POINTE BOULEVARD
City-St-Zip: WINDERMERE, FL 34786

Title: MRS. () Change (X) Addition
Name: ROBERTSON, SHARON A VP
Address: 12809 WATER POINTE BOULEVARD
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCIS J. DISALVO, CPA

CPA

04/26/2005

Electronic Signature of Signing Officer or Director

_____ Date