2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 24, 2006 08:00 AM Secretary of State DOCUMENT # P05000159234 1. Entity Name SUNRISE TO SUNSET TITLE INC. Principal Place of Business Mailing Address 6921 CYPRESS ROAD #23C PLANTATION FL 33317 6921 CYPRESS ROAD #23C PLANTATION FL 33317 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc Suite, Apt. #, etc. 1st MOORE CRZE034 (10/05) City & State City & State 4. FEI Number Applied For Not Applicate Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name MUMBY, PENNY L Street Address (P.O. Box Number is Not Acceptable) 6921 CYPRESS ROAD #23C PLANTATION FL 33317 Zip Code FL 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 Riggistated Age:x sequeture reducted when townstativity) DASE FILE NOW!!! FEE IS \$150.00 **\$5.00** May 8e 9. Election Campargn Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State **CFFICERS AND DIRECTORS** ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 11 10. □ Datete THE ☐ Change Addition **HITCE** NAME MUMBY, PENNY L NAME STREET ADDRESS 6921 CYPRESS ROAD #23C STREET ADDRESS *U00000525826* CITY-ST-ZIP CHY-ST-ZIP PLANTATION FL 33317 -018 150.00 1991 Delete THE ☐ Change ☐ Addition NAME MUMBY, PENNY L STREET ADDRESS 6921 CYPRESS ROAD #23C STREET ADDRESS CITY-ST-Z@ CATY-ST-ZW PLANTATION FL 33317 ☐ Change Addition Defete HILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP Delete 7271 2 ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-SY-ZIP LITLE ☐ Delete THICE □ Спалсе ☐ Addition MARKE MARKE STREET ADDRESS STREET ADDRESS CHIY-ST-ZIP CITY - ST - ZIP ☐ Change DIDE C Delete 1551 1 ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP

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

SIGNATURE

FILED

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