2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000071498

1. Entity Name
SUN LAND ACQUISITIONS, INC.

Principal Place of Business	Mailing Address
4500 PGA BLVD. SUITE 207 PALM BEACH GARDENS, FL 33418	4500 PGA BLVD. SUITE 207 PALM BEACH GARDENS, FL 33418

DO NOT WRITE IN THIS SPACE

01062005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0447667
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DIVOSTA, OTTO B
4500 PGA BLVD.
SUITE 207
PALM BEACH GARDENS, FL 33418

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000337212
04/27/05-80159-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DIVOSTA, OTTO B
STREET ADDRESS	4500 PGA BLVD STE.,#207
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	V
NAME	GALUI, JUDITH M.
STREET ADDRESS	4500 PGA BLVD STE.,#207
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	VT
NAME	STEPHANOS, DIANE L
STREET ADDRESS	4500 PGA BLVD STE.,#207
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	V
NAME	FLOYD, CATHY D.
STREET ADDRESS	4500 PGA BLVD STE.,#207
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	V
NAME	DIVOSTA, GUY M.
STREET ADDRESS	4500 PGA BLVD STE.,#207
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	DS
NAME	DIVOSTA, BETTY J
STREET ADDRESS	4500 PGA BLVD. - SUITE #207
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ Judith M. Galui 3-24-05 561-691-9050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #