


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90105 002 ***150.00

DOCUMENT # P05000156049 1. Entity Name A SUNCASTLE OF PALM BAY, INC.			
Principal Place of Business 3816 TREE RIDGE LANE PALM BAY, FL 32905 US		Mailing Address 3816 TREE RIDGE LANE PALM BAY, FL 32905 US	
2. Principal Place of Business 2162 Julian Ave. NE Suite, Apt. #, etc.		3. Mailing Address 2162 Julian Ave. NE. Suite, Apt. #, etc.	
City & State Palm Bay FL		City & State Palm Bay FL	
Zip 32905		Zip 32905	
Country USA		Country USA	
4. FEI Number 20-3881849		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JARRAH, KHALED 3816 TREE RIDGE LANE PALM BAY, FL 32905		7. Name and Address of New Registered Agent Name Khaled Jarrah Street Address (P.O. Box Number is Not Acceptable) 1064 BRIARWOOD BLVD City PALM BAY FL Zip Code 32905	
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 <i>Khaled Jarrah</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <i>Jan 13 06</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JARRAH, KHALED 3816 TREE RIDGE LANE PALM BAY, FL 32905	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Khaled Jarrah 1064 BRIARWOOD BLVD PALM BAY FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: <i>Khaled Jarrah</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>Jan 13, 06</i> <small>Date Daytime Phone #</small>	