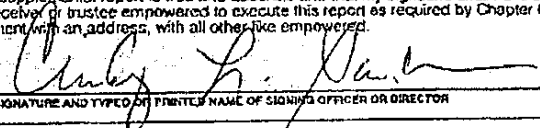


CORRECTED

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 205459			
1. Entity Name SUNWAY PROPERTIES OF SOUTHWEST FLORIDA, INC.			
Principal Place of Business 840 SYMPHONY ISLES BLVD. APOLLO BEACH, FL 33572		Mailing Address 840 SYMPHONY ISLES BLVD APOLLO BEACH, FL 33572	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent WAGNER, E. JOHN II 840 SYMPHONY ISLES BLVD. APOLLO BEACH, FL 33572		7. Name and Address of New Registered Agent Name JAMES E. SAUNDERS, JR. Street Address (P.O. Box Number is Not Acceptable) 840 SYMPHONY ISLES BLVD. City APOLLO BEACH FL Zip Code 33572	
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  JAMES E. SAUNDERS, JR.		DATE 6-19-07	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	D FAIST, SHIRLEY I 2 TAMiami TRAIL NORTH SARASOTA, FL 34236 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition Amend AR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SAUNDERS, JAMES E JR. 840 SYMPHONY ISLES BLVD. APOLLO BEACH, FL 33572 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition Fee way because of
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SAUNDERS, CINDY L 840 SYMPHONY ISLES BLVD. APOLLO BEACH, FL 33572 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 2007 AR File error
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition on RA Name.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 6/20/07 DATE	

FILED

07 JUN 22 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06192007 Chg-P CR2E034 (12/06)

4. FEI Number
59-0808837 Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAIST, SHIRLEY I 2 TAMiami TRAIL NORTH SARASOTA, FL 34236 ☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition Amend AR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition Fee way because of
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 2007 AR File error
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition on RA Name.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #