

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90134 004 ***150.00

DOCUMENT # 537371 1. Entity Name SUN COUNTRY, INC.																																																																																																							
Principal Place of Business 457 S RIDGEWOOD AVE DAYTONA BCH, FL 32114 US		Mailing Address 457 S RIDGEWOOD AVE DAYTONA BCH, FL 32114 US																																																																																																					
2. Principal Place of Business 140 S Atlantic Avenue		3. Mailing Address 140 S Atlantic Avenue																																																																																																					
Suite, Apt. #, etc. Suite #203		Suite, Apt. #, etc. Suite #203																																																																																																					
City & State Ormond Beach, FL		City & State Ormond Beach, FL																																																																																																					
Zip 32176	Country 	Zip 32176	Country 																																																																																																				
6. Name and Address of Current Registered Agent EDWARD SCHWARZ 457 S. RIDGEWOOD AVE DAYTONA BEACH, FL 32114		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 140 S Atlantic Avenue Suite #203 City Ormond Beach FL Zip Code 32176																																																																																																					
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>Edward Schwarz</i> ED SCHWARZ x 3/15/06 <small>Signature, typed or printed name of registered agent and title if applicable (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																																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">VPST</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> </td> </tr> <tr> <td>NAME</td> <td>SCHWARZ, EDWARD L. <input type="checkbox"/> Delete</td> <td>NAME</td> <td> </td> </tr> <tr> <td>STREET ADDRESS</td> <td>1001 SHOCKNEY DR.</td> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORMOND BEACH, FL</td> <td>CITY-ST-ZIP</td> <td> </td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td>TITLE</td> <td> </td> </tr> <tr> <td>NAME</td> <td>SCHWARZ, JAMES R <input type="checkbox"/> Delete</td> <td>NAME</td> <td> </td> </tr> <tr> <td>STREET ADDRESS</td> <td>1201 CARRINGTON TR</td> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JOPLIN, MO 64804</td> <td>CITY-ST-ZIP</td> <td> </td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td>TITLE</td> <td> </td> </tr> <tr> <td>NAME</td> <td>SCHWARZ, RALPH L <input type="checkbox"/> Delete</td> <td>NAME</td> <td> </td> </tr> <tr> <td>STREET ADDRESS</td> <td>12 NOTTINGHAM DR</td> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORMOND BEACH, FL 32174</td> <td>CITY-ST-ZIP</td> <td> </td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Delete</td> <td>TITLE</td> <td> </td> </tr> <tr> <td>NAME</td> <td> </td> <td>NAME</td> <td> </td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td>CITY-ST-ZIP</td> <td> </td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Delete</td> <td>TITLE</td> <td> </td> </tr> <tr> <td>NAME</td> <td> </td> <td>NAME</td> <td> </td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td>CITY-ST-ZIP</td> <td> </td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Delete</td> <td>TITLE</td> <td> </td> </tr> <tr> <td>NAME</td> <td> </td> <td>NAME</td> <td> </td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td>CITY-ST-ZIP</td> <td> </td> </tr> </table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	VPST	TITLE		NAME	SCHWARZ, EDWARD L. <input type="checkbox"/> Delete	NAME		STREET ADDRESS	1001 SHOCKNEY DR.	STREET ADDRESS		CITY-ST-ZIP	ORMOND BEACH, FL	CITY-ST-ZIP		TITLE	PD	TITLE		NAME	SCHWARZ, JAMES R <input type="checkbox"/> Delete	NAME		STREET ADDRESS	1201 CARRINGTON TR	STREET ADDRESS		CITY-ST-ZIP	JOPLIN, MO 64804	CITY-ST-ZIP		TITLE	VD	TITLE		NAME	SCHWARZ, RALPH L <input type="checkbox"/> Delete	NAME		STREET ADDRESS	12 NOTTINGHAM DR	STREET ADDRESS		CITY-ST-ZIP	ORMOND BEACH, FL 32174	CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	TITLE		NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	TITLE		NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	TITLE		NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
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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>Edward Schwarz</i> ED SCHWARZ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		x 3/15/06 <small>Date Daytime Phone #</small>																																																																																																					