


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # 709989 1. Entity Name THE SUNDOWNERS INC.	
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Principal Place of Business PAGE FIELD AVIATION CENTER PAGE FIELD FORT MYERS, FL 33907 US	Mailing Address PO BOX 1107 CAPE CORAL, FL 33910
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DO NOT WRITE IN THIS SPACE



03012005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1416686	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MASSEY, SYLVIA 1104 SE 16TH TERRACE CAPE CORAL, FL 33990	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000265526 03/16/05-80060-018 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MASSEY, SYLVIA 1104 SE 16TH TERRACE CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MILLAR, MARK 1744 OAKLEY AVE FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BOWEN, JAMES 5577 FOXLAKE DR NORTH FORT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 617, 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: Sylvia Y Massey 3/14/2005 239-742-4049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #