2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2007
Secretary of State

DOCUMENT# 745192

Entity Name: SUNFEST OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

525 CLEMATIS STREET
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

525 CLEMATIS STREET
WEST PALM BEACH, FL 33401 US

New Mailing Address:

FEI Number: 59-1864355 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAYANS, STEVEN A
C/O FITZGERALD HAWKINS MAYANS & COOK, PA
515 NORTH FLAGLER DR SUITE 900
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CIKLIN, CORY J
Address: 117 OLYMPUS WAY
City-St-Zip: JUPITER, FL 33477

Title: PPD ( ) Delete
Name: FAGAN, GREGORY
Address: 2137 MICANO COURT
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MD ( ) Delete
Name: JAMIESON, PAUL
Address: 6720 NW 25TH WAY
City-St-Zip: FORT LAUDERDALE, FL

Title: TD ( ) Delete
Name: EVANS, LEANNE
Address: 213 COLUMBIA DRIVE
City-St-Zip: LAKE WORTH, FL 33460

Title: PED ( ) Delete
Name: YEKES, STEPHEN A
Address: 14767 PALMWOOD ROAD
City-St-Zip: NORTH PAL BEACH, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: YEKES, STEPHEN A
Address: 14767 PALMWOOD ROAD
City-St-Zip: NORTH PALM BEACH, FL 33410

Title: PPD (X) Change ( ) Addition
Name: CIKLIN, CORY J
Address: 117 OLYMPUS WAY
City-St-Zip: JUPITER, FL 33477

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PED (X) Change ( ) Addition
Name: MACON, ROD
Address: 1660 SOUTH A1A, #312
City-St-Zip: JUPITER, FL 33477

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL JAMIESON MD 01/30/2007
Electronic Signature of Signing Officer or Director — Date