

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755458

Entity Name: SUN DOME,INC.

FILED
Apr 24, 2006
Secretary of State

Current Principal Place of Business:

4202 FOWLER AVE., ADM 250
STEVEN D. PREVAUX
TAMPA, FL 33620 US

New Principal Place of Business:

Current Mailing Address:

4202 FOWLER AVE., ADM 250
STEVEN D. PREVAUX
TAMPA, FL 33620 US

New Mailing Address:

FEI Number: 59-2051855 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PREVAUX, STEVEN D MR
4202 FOWLER AVENUE
ADM. 250
TAMPA, FL 33620 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: OSCHER, STEVEN S MR
Address: 100 S. ASHLEY DRIVE SUITE 2060
City-St-Zip: TAMPA, FL 33602 US

Title: SD () Delete
Name: SEGREST, NOREEN MS
Address: 4202 FOWLER AVE., ALC000
City-St-Zip: TAMPA, FL 33620 US

Title: TD () Delete
Name: BROWN, RICHARD L MR
Address: 1810 S. MACDILL AVE. SUITE 4
City-St-Zip: TAMPA, FL 33629 US

Title: VPD () Delete
Name: ASTORQUIZA, HAROLD MR
Address: 15303 AMBERLY DRIVE, SUITE C
City-St-Zip: TAMPA, FL 33647 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: OSCHER, STEVEN S MR
Address: 100 S. ASHLEY DRIVE, SUITE 2060
City-St-Zip: TAMPA, FL 33602 US

Title: SD (X) Change () Addition
Name: LOMBARDI, GINA M MS
Address: 4202 FOWLER AVE., ADM 200
City-St-Zip: TAMPA, FL 33620 US

Title: TD (X) Change () Addition
Name: BROWN, RICHARD L MR
Address: 1810 S. MACDILL AVE, SUITE 4
City-St-Zip: TAMPA, FL 33629 US

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

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: STEVEN S. OSCHER

PD

04/24/2006

Electronic Signature of Signing Officer or Director

Date