

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760493

Entity Name: SUN HAVEN, INC.

FILED
Apr 29, 2004
Secretary of State

Current Principal Place of Business:

1127 SOUTH FEDERAL HWY.
APT. 203
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

5112 ARBOR GLEN CIRCLE
LAKE WORTH, FL 33463 US

New Mailing Address:

FEI Number: 59-2197735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARKE, JOHN E.
1425 LUCERNE AVENUE
LAKE WORTH, FL 33460

Name and Address of New Registered Agent:

ATLANTIC FULCRUM, INC.
5112 ARBOR GLEN CIR
LAKE WORTH, FL 33463

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: SUVI HYVARINEN

04/29/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KOSKINEN, SIRKKA
Address: 1127 S FEDERAL HWY. 102
City-St-Zip: LAKE WORTH, FL 33460

Title: VD () Delete
Name: NYHOLM, HANS
Address: 1127 S. FEDRERAL HWY. 201
City-St-Zip: LAKE WORTH, FL 33460

Title: TSD () Delete
Name: WILLIAM, GOLD
Address: 1127 S. FEDERAL HWY 103
City-St-Zip: LAKE WORTH, FL 33460

Title: D () Delete
Name: KAATAJA, LAVRI
Address: 1127 S FEDERAL HWY #202
City-St-Zip: LAKE WORTH, FL 33460

Title: D (X) Delete
Name: KOSKINEN, YRJO
Address: 1127 FEDERAL HWY #104
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: KOSKINEN, YRJO
Address: 1127 S. FEDERAL HWY 104
City-St-Zip: LAKE WORTH, FL 33460

Title: SD (X) Change () Addition
Name: BOLIN, EDLYN
Address: 1127 S FEDERAL HWY #202
City-St-Zip: LAKE WORTH, FL 33460

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 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 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: SIRKKA KOSKINEN

PD

04/29/2004

Electronic Signature of Signing Officer or Director

Date