2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# 760493

Entity Name: SUN HAVEN, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

1127 SOUTH FEDERAL HWY
LAKE WORTH, FL 33460

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:

ATLANTIC FULCRUM, INC.
5112 ARBOR GLEN CIR
LAKE WORTH, FL 33463 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: 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: TD ( ) Delete
Name: GOLD, WILLIAM
Address: 1127 S. FEDERAL HWY 103
City-St-Zip: LAKE WORTH, FL 33460

Title: D ( ) Delete
Name: TEFFS, KENNETH
Address: 1127 S FEDERAL HWY #204
City-St-Zip: LAKE WORTH, FL 33460

Title: D (X) Delete
Name: TEFFS, JASON
Address: 1127 S FEDERAL HWY #204
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: BELLUSCI, ROSANNA
Address: 1127 S FEDRERAL HWY 203
City-St-Zip: LAKE WORTH, FL 33460

Title: D (X) Change ( ) Addition
Name: GOLD, WILLIAM
Address: 1127 S FEDERAL HWY 103
City-St-Zip: LAKE WORTH, FL 33460

Title: D (X) Change ( ) Addition
Name: REID, MARK
Address: 1127 S FEDERAL HWY 104
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 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: SIRKKA KOSKINEN PD 04/30/2006

Electronic Signature of Signing Officer or Director — Date