

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 769135

1. Entity Name
 SUNBURST FOUNDATION, INC.



Principal Place of Business
 % JAMES HANKINS
 1801 N. MILITARY TRL., STE. 200
 BOCA RATON, FL 33431

Mailing Address
 % JAMES HANKINS
 1801 N. MILITARY TRL., STE. 200
 BOCA RATON, FL 33431



02152006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-2637289 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WENZEL, KENNETH A
 1801 N MILITARY TRL
 SUITE 200
 BOCA RATON, FL 33431-9885

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1103000447663
 03/08/06 80066-014 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANKINS, JAMES M. 1801 N MILITARY TRL, STE 200 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BAKER, DONALD 1515 S FEDERAL HWY #201 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WENZEL, KENNETH A 1801 N MILITARY TRL, STE 200 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: James M. Hankins James M. Hankins 2/27/06 561-997-2677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #