


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 29, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # 769135 1. Entity Name SUNBURST FOUNDATION, INC.	
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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
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**DO NOT WRITE IN THIS SPACE**

02192008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2637289	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$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

**DO NOT WRITE IN THIS SPACE**

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, 2008**

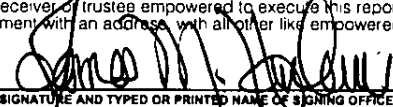
9. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/12/08-80018-004 70.00

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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:**  **2/20/08** **561-995-7755**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #