

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006378

FILED
May 01, 2008
Secretary of State

Entity Name: SUN VENTURE CAPITAL ADVISORS, INC.

Current Principal Place of Business:

C/O SUN CAPITAL PARTNERS, INC.
5200 TOWN CENTER CIRCLE, SUITE 470
BOCA RATON, FL 33486

New Principal Place of Business:

C/O SUN CAPITAL PARTNERS, INC.
5200 TOWN CENTER CIRCLE, SUITE 600
BOCA RATON, FL 33486

Current Mailing Address:

C/O SUN CAPITAL PARTNERS, INC.
5200 TOWN CENTER CIRCLE, SUITE 470
BOCA RATON, FL 33486

New Mailing Address:

C/O SUN CAPITAL PARTNERS, INC.
5200 TOWN CENTER CIRCLE, SUITE 600
BOCA RATON, FL 33486

FEI Number: 22-3691665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCS () Delete
Name: KROUSE, RODGER
Address: 5200 TOWN CENTER CIRCLE, SUITE 470
City-St-Zip: BOCA RATON, FL 33486

Title: DCT () Delete
Name: LEDER, MARC
Address: 5200 TOWN CENTER CIRCLE, SUITE 470
City-St-Zip: BOCA RATON, FL 33486

Title: VP () Delete
Name: CALHOUN, KEVIN
Address: 5200 TOWN CENTER CIRCLE, SUITE 470
City-St-Zip: BOCA RATON, FL 33486

Title: VPAS () Delete
Name: COUCH, DERYL C
Address: 5200 TOWN CENTER CIRCLE, SUITE 470
City-St-Zip: BOCA RATON, FL 33486

Title: V () Delete
Name: KALB, MICHAEL
Address: 5200 TOWN CENTER CIRCLE, SUITE 470
City-St-Zip: BOCA RATON, FL 33486

Title: VAS () Delete
Name: MCCONVERY, MICHAEL J
Address: 5200 TOWN CENTER CIRCLE, SUITE 470
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCS (X) Change () Addition
Name: KROUSE, RODGER
Address: 5200 TOWN CENTER CIRCLE, SUITE 600
City-St-Zip: BOCA RATON, FL 33486

Title: DCT (X) Change () Addition
Name: LEDER, MARC
Address: 5200 TOWN CENTER CIRCLE, SUITE 600
City-St-Zip: BOCA RATON, FL 33486

Title: VP (X) Change () Addition
Name: CALHOUN, KEVIN
Address: 5200 TOWN CENTER CIRCLE, SUITE 600
City-St-Zip: BOCA RATON, FL 33486

Title: VPAS (X) Change () Addition
Name: COUCH, DERYL C
Address: 5200 TOWN CENTER CIRCLE, SUITE 600
City-St-Zip: BOCA RATON, FL 33486

Title: V (X) Change () Addition
Name: HAJDUCH, MARK
Address: 5200 TOWN CENTER CIRCLE, SUITE 600
City-St-Zip: BOCA RATON, FL 33486

Title: VAS (X) Change () Addition
Name: MCCONVERY, MICHAEL J
Address: 5200 TOWN CENTER CIRCLE, SUITE 600
City-St-Zip: BOCA RATON, FL 33486

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER SPANGLER

POA

05/01/2008

Electronic Signature of Signing Officer or Director

_____ Date