2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000001337

1. Entity Name

SUN-RICH OF ATLANTA, INC.

Principal Place of Business	Mailing Address
1407 BANK ROAD MARGATE FL 33063	PO BOX 469 PERU IL 61354

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/05)

4. FEI Number 36-4043608 Applied For / Not Applica

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLETCHER, PAUL G 1500 SOUTH DIXIE HWY STE 200 CORAL GABLES FL 33146	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 acc the obligations of registered agent

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Added to Fec

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☐ Delete NEECE, WILLIAM M 960 CAPE MARCO DR. 1102 MARCO ISLAND FL 34145	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad U00000486768 04/13/06-80051-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☐ Delete NEECE, WILLIAM M JR. 974 GOLDEN CANE DR. WESTON FL 33327	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ☐ Delete HURLEY, PAMELA J 810 PROSPECT AVE. PERU IL 61354	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the inform 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 dir 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 in Block 10 or Blo if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Pamela J Hurley PAMELA J HURLEY, SECRETARY 3/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #