


# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # F02000002597</b> 1. Entity Name <b>SUNDANCER DISTRIBUTIONS, INC.</b>	
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FILED

05 JUN 13 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>670 CROWS BLUFF LANE SANFORD, FL 32773</b>	Mailing Address <b>670 CROWS BLUFF LANE SANFORD, FL 32773</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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05112005 Chg-P CR2E034 (10/03)

4. FEI Number <b>58-2419550</b>	Applied For <input type="checkbox"/> Not Applicable
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5: Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
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6. Name and Address of Current Registered Agent  <b>ZAHRADNIK, JOHN 706 OLD CREEK CT. SANFORD, FL 32773</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAHRADNIK, JOHN	NAME	
STREET ADDRESS	706 OLD CREEK CT.	STREET ADDRESS	
CITY-ST-ZIP	SANFORD, FL 32773	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>D BOBBY D. UNDERWOOD</b>
STREET ADDRESS		STREET ADDRESS	<b>1227 PINE ST</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>APOPKA, FL 32703</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<b>800056214228</b>
STREET ADDRESS		STREET ADDRESS	<b>06/15/05--01042--012 **70.00</b>
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: *Bobby D. Underwood* **BOBBY D. UNDERWOOD** 5-26-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

407-880-7068