

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F53013

Entity Name: SUN PALMS, INC.

FILED
Feb 06, 2006
Secretary of State

Current Principal Place of Business:

170 FLAGLER LANE
COCOA BCH, FL 32931

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 320035
COCOA BCH, FL 329320035 US

New Mailing Address:

FEI Number: 59-2418371

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERMOND, LISA
4070 AMETHYST LANE
EAGAN, MN, FL 55122 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GERMOND, LISA
Address: 4070 AMETHYST LANE
City-St-Zip: EAGAN, MN 55122

Title: VPD () Delete
Name: CARLSON, DALE
Address: 6900 UTICIA LANE
City-St-Zip: CHANHASSEN, MN 55317

Title: S () Delete
Name: JOHNSON, CONNIE
Address: 170 FLAGLER LANE #C
City-St-Zip: COCOA BCH, FL 32931

Title: VP/D () Delete
Name: BRENNEN, MICHAEL
Address: 170 FLAGLER LANE
City-St-Zip: COCOA BEACH, FL 32931

Title: VP/D () Delete
Name: GALLES, JOE
Address: 171 WALKULLA LANE UNIT F
City-St-Zip: COCOA BEACH, FL 32031

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: GALLIS, JOE
Address: 170 FLAGLER LANE #E
City-St-Zip: COCOA BCH, FL 32931

Title: VP/D (X) Change () Addition
Name: HEMPLE, JILL
Address: 170 FLAGLER LANE
City-St-Zip: COCOA BEACH, FL 32931

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: VICKI J ERICKSON

MRS

02/06/2006

Electronic Signature of Signing Officer or Director

_____ Date