2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F53013

Entity Name: SUN PALMS INC.

City-St-Zip: COCOA BEACH, FL 32031

FILED Mar 29, 2007 Secretary of State

y		vio, ii vo.		
Current Principal Place of Business:			New Principal Place of Business:	
	LER LANE CH, FL 32931			
Current Mailing Address:			New Mailing Addres	s:
P.O. BOX COCOA B	320035 CH, FL 329320	0035 US		
FEI Number	: 59-2418371	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	l Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
	D, LISA THYST LANE 1N, FL 55122	US		
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
SIGNATUI	RE:			
	Electron	c Signature of Registered Age	ent	Date
Election Car	mpaign Financing	Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	PD () GERMOND, LIS 4070 AMETHYS EAGAN, MN 55	T LANE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VPD () CARLSON, DAL 6900 UTICIA LA CHANHASSEN,	NE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	S () GALLIS, JOE 170 FLAGLER L COCOA BCH, F		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VP/D () HEMPLE, JILL 170 FLAGLER L COCOA BEACH		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	VP/D () GALLES, JOE 171 WALKULLA	Delete	Title: Name: Address:	() Change () Addition

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.

City-St-Zip:

SIGNATURE: VICKI ERICKSON TRES 03/29/2007