


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 01, 2006 08:00 AM
Secretary of State

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| DOCUMENT # F60423 1. Entity Name SUN ELECTRONIC SYSTEMS, INC. |  |
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| Principal Place of Business 1845 SHEPARD DRIVE TITUSVILLE, FL 32780 US | Mailing Address 1845 SHEPARD DRIVE TITUSVILLE, FL 32780 US |
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01202006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-2170024 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent PASQUA, VERONICA L. 2928 LONG LAKE DR TITUSVILLE, FL 32780 |
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IN THIS SPACE**

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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. | U000000412806 02/10/06-80062-016 150.00 DATE |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TSD VERONICA, CLIFFORD 2928 LONG LAKE DR TITUSVILLE, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD CLIFFORD, GARY 2928 LONG LAKE DR TITUSVILLE, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D NEWELL, DARRELL E. 122 MATTEK AVE. DEKALB, IL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D DEFELICE, PAUL A. 145 B TERRACE CT SOMNAUK, IL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Veronica L Pasqua Clifford</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date: <i>1/30/2006</i> <small>Date</small> | Daytime Phone #: <i>(321) 383-9400</i> <small>Daytime Phone #</small> |
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