2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# F79470

Entity Name: SUNCON, INC.

Current Principal Place of Business:

5830 MIAMI LAKES DR. E.
MIAMI LAKES, FL 330142402

New Principal Place of Business:

5830 MIAMI LAKES DR. E.
MIAMI LAKES, FL 33014 US

Current Mailing Address:

5830 MIAMI LAKES DR. E.
MIAMI LAKES, FL 330142402

New Mailing Address:

5830 MIAMI LAKES DR. E.
MIAMI LAKES, FL 33014 US

FEI Number: 59-2182588 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

POWELL 111, CARL T PRES
6501 SEDGEWYCK CIRCLE WEST
DAVIE, FL 33331 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: P ( ) Delete
Name: POWELL, CARL T III
Address: 6501 SEDGEWICK CIRCLE WEST
City-St-Zip: FT LADUERDAWEL, FL 33331

Title: VPTS ( ) Delete
Name: MITCHELL, DONNA P
Address: 5200 HAWK HURST AVE.
City-St-Zip: SW RANCHES, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: POWELL, CARL T III
Address: 6501 SEDGEWICK CIRCLE WEST
City-St-Zip: FT LAUDERDALE, FL 33331

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 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 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: DONNA P. MITCHELL VPTS 01/04/2005

Electronic Signature of Signing Officer or Director Date