2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007
Secretary of State

DOCUMENT# F94000000468

Entity Name: SUNTRAN INTERNATIONAL CORPORATION

Current Principal Place of Business:

4630 S KIRKMAN RD
#247
ORLANDO, FL 32811 US

New Principal Place of Business:

17240 DAVENPORT RD.
WINTER GARDEN, FL 34787 US

Current Mailing Address:

4630 S KIRKMAN RD
#247
ORLANDO, FL 32811

New Mailing Address:

FEI Number: 88-0308291 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHRISTMAN, LISA
17240 DAVENPORT RD
WINTER GARDEN, FL 34787 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: CPT ( ) Delete
Name: CHRISTMAN, LISA C.
Address: 17240 DAVENPORT RD
City-St-Zip: WINTER GARDEN, FL 34787

Title: M ( ) Delete
Name: FOOTE, LELAMD W
Address: 14417 1556TH NE
City-St-Zip: WOODVILLE, WA 98072

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPT (X) Change ( ) Addition
Name: CHRISTMAN, LISA C
Address: 17240 DAVENPORT RD
City-St-Zip: WINTER GARDEN, FL 34787

Title: M (X) Change ( ) Addition
Name: FOOTE, LELAND W
Address: 14417 1556TH NE
City-St-Zip: WOODVILLE, WA 98072

Title: VP ( ) Change (X) Addition
Name: CHRISTMAN, BRIAN P
Address: 17240 DAVENPORT RD
City-St-Zip: WINTER GARDEN, FL 34787

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: LISA C CHRISTMAN CPT 02/19/2007

Electronic Signature of Signing Officer or Director Date