2004 FOR PROFIT CORPORATION

Signature, typed or printed name of registered agent and title if applicable.

Mar 29, 2004 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # F94000004272 1. Entity Name SUNEAST, INC. Principal Place of Business Mailing Address 3010 E CAMELBACK RD 3010 E CAMELBACK RD STF 100 STE 100 PHOENIX, AZ 85016 PHOENIX, AZ 85016 03222004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 86-0760027 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 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.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Trust Fund Contribution.	Added to Fees	03/29/04-80011-011 150.00	
10. OFFICERS AND DIRECTORS					
TITLE	PD	•			_
NAME	POPE, WILLIAM A				
STREET ADDRESS	3010 E CAMELBACK RD			en grant to the same of the contract of the co	
CITY-ST-ZIP	PHOENIX, AZ 85016		· · · · · · · · · · · · · · · · · · ·	and the contract of the contra	
TITLE	D			A CONTRACTOR OF THE PROPERTY O	
NAME	RENNECKAR, STEPHEN E		The second secon	e optimit grade grade og det er en er De troube en er en	
STREET ADDRESS	3010 E CAMELBACK RD			** ***	
CITY-ST-ZIP	PHOENIX, AZ 85016				
TITLE	Т				•
NAME	POPE, WILLIAM A		· · · · · · · · · · · · · · · · · · ·		

(NOTE. Registered Agent signature required when reinstating)

STREET ADDRESS 3010 E CAMELBACK RD DO NOT WRITE CITY-ST-ZIP PHOENIX, AZ 85016 IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify 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 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.

William A. Pope, President

SIGNATURE: __

CITY-ST-ZIP

SIGNATURE

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTO

3-22-04 602-468-1090

Davisme Phone #

FILED

Applied For

\$8.75 Additional

Fee Required

Not Applicable