


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 26, 2005 8:00 am**  
**Secretary of State**

07-26-2005 90026 028 \*\*\*\*61.25

<b>DOCUMENT # F99000004475</b>					
1. Entity Name SUN SYMPHONY SOCIETY, INC.					
Principal Place of Business C/O JOSEPH EGER 3240 NE 11TH ST., APT 205 POMPANO BEACH, FL 33062			Mailing Address C/O JOSEPH EGER 3240 NE 11TH ST., APT 205 POMPANO BEACH, FL 33062		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03072005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 23-7423405	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
EGER, JOSEPH 3240 NE 11TH ST., APT 205 POMPANO BEACH, FL 33062			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EGER, JOSEPH		NAME		
STREET ADDRESS	3200 NE 7TH COURT, #207A		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EGER, DORITA BEH		NAME		
STREET ADDRESS	3200 NE 7TH COURT, #205A		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FELDMAN, JANNET C		NAME		
STREET ADDRESS	410 WEST 24TH STREET, PH #A		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10011		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLARK, JUNE		NAME		
STREET ADDRESS	#9 GLENWOOD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DARIEN, CT 06020		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GUTMAN, JEREMIA ESQ.	<i>died</i>	NAME	Bruce Freeman	
STREET ADDRESS	275 7TH AVENUE		STREET ADDRESS	222 E 93rd St - 28A	
CITY-ST-ZIP	NEW YORK, NY		CITY-ST-ZIP	NY NY 10128	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ANDEMICAEL, BERTANYKUN	<i>retired</i>	NAME	Cathy Freeman	
STREET ADDRESS	320 EAST 25TH STREET		STREET ADDRESS	222 E 93rd St - 28A	
CITY-ST-ZIP	NEW YORK, NY 10010		CITY-ST-ZIP	NY NY 10128	
12. I hereby certify that the information supplied with this filing 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 617, 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>X Joseph Eger</i>		Date: <i>April 18-05</i>		Daytime Phone #: <i>954 982 9703</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

ATTACHMENT

50057623  
#F99000004475

Sorry for delay.  
Our attorney, Jeremiah  
Cutman, passed away.

I just accessed  
the enclosed papers  
which I signed in April

Joseph Egan