## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H09669

1925 NW 80TH AVE

() Delete

CANGIALOSI, JOSEPHINE

2606 NW 88TH TERRACE

CORAL SPRINGS, FL 33065

MARGATE, FL

Address City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

FILED Jan 26, 2006 Secretary of State

Entity Nar	me: SUNTE	ECH SHUT	TTER CORP	DRATION					
Current Principal Place of Business:					New Principal Place of Business:				
SUITE 812	JNT ROAD ? D BEACH, F	L 33069	US						
Current Mailing Address:					New Mailing Address:				
SUITE 812	JNT ROAD ? D BEACH, F	L 33069	US						
FEI Number:	59-2432361	FEI Nu	umber Applied	For() FEIN	Number Not App	icable ( )	Certificate of Status Desir	ed ( )	
Name and Address of Current Registered Agent:					Name and	Name and Address of New Registered Agent:			
800 CORP STE 310 FORT LAU The above	, WAYNE CORATE DR  JDERDALE,  named enting  of Florida.	FL 33334		nt for the purpose	e of changing i	ts registere	d office or registered agent	t, or both,	
SIGNATUR	RE:								
Electronic Signature of Registered Agent					Date				
Election Car	npaign Finand	ing Trust Fo	und Contributio	on ( ).					
OFFICERS AND DIRECTORS:					ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	SD LOBIONDO, 1925 NW 80 MARGATE, I	TH AVE.	E,		Title: Name: Address: City-St-Zip:	PD LOBIONDO 1925 NW 80 MARGATE,			
Title: Name: Address: City-St-Zip:	VD LOBIONDO, 10057 NOR <sup>-</sup> CORAL SPR	TH SPRINGS			Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition , GERALD, TH SPRINGS WAY RINGS, FL 33076		
Title: Name:	PD LOBIONDO,	( ) Delete ROSE			Title: Name:	SD LOBIONDO	(X) Change()Addition , ROSE		

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

1925 NW 80TH AVE

() Change () Addition

MARGATE, FL

SIGNATURE: SALVATORE LOBIONDO Ρ 01/26/2006