2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an addit

SIGNATURE:

Apr 28, 2006 08:00 AN Secretary of State DOCUMENT # H66356 1. Entity Name SUNO ENTERPRISE, INC. Principal Place of Business Malling Address 2309 NW 8TH ST 2309 NW 8TH ST FT LAUDERDALE, FL 33313 FT LAUDERDALE, FL 33311 04252006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0000129 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LITTLE, LOUIS L DO NOT WRITE 4943 NW 91 TERR SUNRISE, FL 33351 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. SIGNATURE. Signature, typed or proted name of registered spent and title if applicable (NOTE: Registered Agent signature required when rensizting) Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE NAME LITTLE, LOUIS L. 4943 NW 91ST TERR STREET ADDRESS U00000539661 CITY-ST-ZIP SUNRISE, FL 33351 05/09/06-80110-001 158.75 TITLE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS City-St-7tP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 actives, with all other like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED