


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J10116</b> 1. Entity Name <b>SUNSTREAM, INC.</b>	
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Principal Place of Business <b>6231 ESTERO BLVD, 3RD FLOOR FT MYERS BCH., FL 33931</b>	Mailing Address <b>6231 ESTERO BLVD, 3RD FLOOR FT MYERS BCH., FL 33931</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01082008 Chg-P CR2E034 (12/06)

<b>6. Name and Address of Current Registered Agent</b>  <b>MONSRUD, MARY ANNE</b> <b>6620 ESTERO BLVD</b> <b>FT. MYERS BEACH, FL 33931</b>	<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LAWRENCE, PAUL W</b> <b>1125 S FRONTAGE RD SUITE 4</b> <b>HASTINGS, MN 55033</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>VOGEL, JAMES D.</b> <b>3936 TAMIAMI TRAIL N. STE. D</b> <b>NAPLES, FL 33940</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>U00000835834</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>02/29/08-80051-012 150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>SWANSON, ROBERT J</b> <b>1125 S FRONTAGE RD SUITE 4</b> <b>HASTINGS, MN 55033</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VOGEL, RICHARD M</b> <b>3936 TAMIAMI TRAIL N. STE. D</b> <b>NAPLES, FL 33940</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT</b> <b>LAWRENCE, DAVID A.</b> <b>1125 S FRONTAGE RD SUITE 4</b> <b>HASTINGS, MN 55033</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVD</b> <b>FLUEGEL, DONALD</b> <b>1303 S FRONTAGE RD #5</b> <b>HASTINGS, MN 55033</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information submitted 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 reports 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 as an attachment with an address, with all other like empowered.

**SIGNATURE** \_\_\_\_\_ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** \_\_\_\_\_ **Date** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_