2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # J30037

1. Entity Name SUN BELT RESORTS, INC.



FILED May 01, 2006 08:00 Al Secretary of State

Principal Place of Business

861 BALLOUGH ROAD

DAYTONA BEACH, FL 32114-2211 US

Mailing Address

861 BALLOUGH ROAD

DAYTONA BEACH, FL 32114-2211 US



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DO NOT WRITE IN THIS SPACE

No Chg-P 04072006

CR2E034 (11/05)

4. FEI Number 59-2896993

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UPON, HUGH D 861 BALLOUGH ROAD DAYTONA BEACH, FL 32114-2211

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8.	. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or	r both, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.		

SIGNATURE.

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

(NOTE. Registered Agent signature required when reinstating)

 \Box

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

U00000543750 05/11/06-80005-020 150.00

OFFICERS AND DIRECTORS 10. STD TITLE SWEENEY, MARGARET NAME STREET ADDRESS 11 SOUTHERN PINE TRAIL CITY-ST-ZIP ORMOND BEACH, FL TITLE UPTON, HUGH D. NAME STREET ADDRESS 861 BALLOUGH ROAD CITY-ST-ZIP DAYTONA BEACH, FL 321142211 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

DO NOT WRITE IN THIS SPACE

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 truetee employered 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 ag address, with all other like empowered

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED ON PRINTED SNING OFFICER OF DIRECTOR

386-255-5400

