


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # J34715 1. Entity Name SUNDANCE GROWERS, INC.	
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Principal Place of Business 4910 U.S. HIGHWAY 415 SUN CITY, FL 33586	Mailing Address P.O. BOX 7357 SUN CITY, FL 33586
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04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1713726	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required	

6. Name and Address of Current Registered Agent	
MARRA, MARTIN 4910 U.S. HIGHWAY 415 SUN CITY, FL 33586	

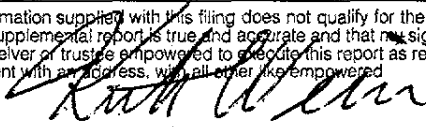
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000552183 05/13/06-80126-013 150.00
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10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEISS, RUSSELL 40 INLET VIEW EAST MORICHES, NY 11940	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WEISS, KIRK PO BOX 472 CENTER MORICHES, NY 11934	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEISS, WAYNE PO BOX 9 EAST MORICHES, NY 11940	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARRA, MARTIN 4910 US 41 S SUN CITY, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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 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 address, with all other like empowered		
SIGNATURE: _____ 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
	Date	Daytime Phone #