


**CERTIFIED MAIL NO. 7065-1820-0002-6573-5799 FILED**  
**2007 FOR PROFIT CORPORATION**  
**ANNUAL REPORT**

**Mar 02, 2007 08:00 A.**  
**Secretary of State**

<b>DOCUMENT # J40164</b> 1. Entity Name SUN FINANCIAL CONCEPTS, INC.	
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Principal Place of Business 1252 ROYAL OAK DRIVE WINTER SPRINGS, FL 32708 US	Mailing Address 1252 ROYAL OAK DR WINTER SPRINGS, FL 32708 US
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02162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2748327	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  MURDOCK JOHN D 1252 ROYAL OAK DR WINTER SPRINGS, FL 32708
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 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	U00000653797 03/13/07-80036-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD MURDOCK, JOHN D. 1252 ROYAL OAK DRIVE WINTER SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MURDOCK, EMILIE A. 1252 ROYAL OAK DRIVE WINTER SPRINGS, FL
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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: JOHN D. MURDOCK **JOHN D. MURDOCK**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
02-24-2007 407-359-1492  
Date Daytime Phone