



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90031 041 \*\*\*150.00

<b>DOCUMENT # K07346</b> 1. Entity Name <b>SUN LU PROPERTIES, INC.</b>					
Principal Place of Business <b>901 NW 8TH AVENUE SUITE C-5 GAINESVILLE, FL 32601</b>			Mailing Address <b>901 NW 8TH AVENUE SUITE C-5 GAINESVILLE, FL 32601</b>		
2. Principal Place of Business <b>4131 NW 13th St., Suite 207 Suite, Apt. #, etc. Gainesville, FL 32609</b> City & State		3. Mailing Address <b>4131 NW 13th St. Suite 207 Suite, Apt. #, etc. Gainesville, FL 32609</b> City & State			
4. FEI Number <b>59-2866295</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		04052006 Chg-P CR2E034 (11/05)			
6. Name and Address of Current Registered Agent  <b>WILSON, PATRICIA 901 NW 8TH AVENUE SUITE C-5 GAINESVILLE, FL 32601</b>		7. Name and Address of New Registered Agent Name <b>Wilson, Patricia</b> Street Address (P.O. Box Number is Not Acceptable) <b>4131 NW 13th St. Suite 207</b> City <b>Gainesville</b> <b>FL</b> Zip Code <b>32609</b>			
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 <u><i>Patricia Wilson</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <b>WILSON, PATRICIA</b> <b>901 NW 8TH AVENUE, SUITE C-5</b> <b>GAINESVILLE, FL 32601</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <b>Wilson, Patricia</b> <b>4131 NW 13th St. Suite 207</b> <b>Gainesville, FL 32609</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: <u><i>Patricia Wilson</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-5-06 (352) 373-0874 Date Daytime Phone #		