

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90442 024 ***150.00

DOCUMENT # K07346 1. Entity Name SUN LU PROPERTIES, INC.																											
Principal Place of Business 4131 NW 13TH ST STE 207 GAINESVILLE, FL 32609		Mailing Address 4131 NW 13TH ST STE 207 SUITE C-5 GAINESVILLE, FL 32609																									
2. Principal Place of Business - No P.O. Box # 901 NW 8th Avenue Suite, Apt. #, etc. Suite A-6 City & State Gainesville, FL Zip 32601		3. Mailing Address 901 NW 8th Avenue Suite, Apt. #, etc. Suite A-6 City & State Gainesville, FL Zip 32601																									
Country Alachua		Country Alachua																									
4. FEI Number 59-2866295		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent WILSON, PATRICIA 4131 NW 13TH ST STE 207 GAINESVILLE, FL 32609		7. Name and Address of New Registered Agent Name Wilson, Patricia Street Address (P.O. Box Number is Not Acceptable) 901 NW 8th Avenue Suite A-6 City Gainesville																									
State FL		Zip Code 32601																									
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: <i>Patricia Wilson</i> 4-27-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PSTD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WILSON, PATRICIA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4131 NW 13TH ST STE 207</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>GAINESVILLE, FL 32609</td> <td></td> </tr> </table>		TITLE	PSTD	<input type="checkbox"/> Delete	NAME	WILSON, PATRICIA		STREET ADDRESS	4131 NW 13TH ST STE 207		CITY - ST - ZIP	GAINESVILLE, FL 32609		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">901 NW 8th Avenue, Suite A-6</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Gainesville, FL 32601</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	901 NW 8th Avenue, Suite A-6	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Gainesville, FL 32601		STREET ADDRESS			CITY - ST - ZIP		
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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: <i>Patricia Wilson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4-27-07 (352) 373-0874 <small>Daytime Phone #</small>																									