2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K14657

Entity Name: SUN POINT TRAVEL, INC.

FILED Apr 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3604 GAVIOTA DRIVE RUSKIN, FL 33573 US

Current Mailing Address: New Mailing Address:

3604 GAVIOTA DRIVE RUSKIN, FL 33573 US

FEI Number: 59-2870774 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BORIS, MARGARET P CALVIN, LEVETA D 3604 GAVIOTA DRIVE 922 EAGLE LANE

RUSKIN, FL 33573 US APOLLO BEACH, FL 33572 US

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.

SIGNATURE: LEVETA CALVIN 04/19/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: BORIS, MARGARET Name: CALVIN, LEVETA P
Address: 3604 GAVIOTA DRIVE Address: 922 EAGLE LANE

City-St-Zip: RUSKIN, FL 33573 US City-St-Zip: APOLLO BEACH, FL 33572 US

Title: VΡ Title: () Delete (X) Change () Addition Name: CALVIN, WILLIAM D Name: GAGLIARDI. DOLORES VP 922 EAGLE LN 1347 MISTY GREENS DRIVE Address: Address: APOLLO BCH, FL SUN CITY CENTER, FL 33573 US City-St-Zip: City-St-Zip:

Title: VP () Delete Title: D (X) Change () Addition Name: SHUTE, LORI A VP Name: SHUTE, LORI A D

Address: 820 GOLF ISLAND DRIVE
City-St-Zip: APOLLO BEACH, FL 33572 US

Name: SHUTE, LORI A D

Address: 820 GOLF ISLAND DRIVE
City-St-Zip: APOLLO BEACH, FL 33572 US

Title: S () Delete Title: D (X) Change () Addition

 Name:
 GAGLIARDI, DOLORES A S
 Name:
 MARGARET, BORIS D

 Address:
 1347 MISTY GREENS DRIVE
 Address:
 3604 GAVIOTA DRIVE

 City-St-Zip:
 SUN CITY CENTER, FL 33573 US
 City-St-Zip:
 RUSKIN, FL 33573 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEVETA CALVIN P 04/19/2009