2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K64954

Name:

Address: City-St-Zip: NORTON, LISA A

115 SCOTTSDALE CT

MARY ESTHER, FL 32569

Entity Name: SONNY BEACH, INC

FILED Apr 23, 2006 Secretary of State

| • | | , | | | | |
|---|---|----------------|---------------------|---|---|--|
| Current Principal Place of Business: | | | | New Principal Plac | New Principal Place of Business: | |
| | JRLBURT RD. ON BEACH, FL 32 | 2547 | US | | | |
| Current N | lailing Address: | | | New Mailing Addr | ess: | |
| | JRLBURT RD. ON BEACH, FL 32 | 2547 | US | | | |
| FEI Number | : 59-2936672 FI | El Numb | er Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | | Name and Address | Name and Address of New Registered Agent: | |
| The above in the State | e of Florida. | US mits thi | s statement for the | purpose of changing its registe | ered office or registered agent, or both, | |
| SIGNATUI | | ianatu | re of Registered Ag | uent | Date | |
| Election Ca | npaign Financing Tru | Ū | · · | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHAN | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | |
| Title: Name: Address: City-St-Zip: | P () Dele NORTON, STEVEN I 115 SCOTTSDALE MARY ESTHER, FL | K | | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |
| Title: Name: Address: City-St-Zip: | T () Dele DECKER, JAMES 1105 A PALM BLVD NICEVILLE, FL 325 | | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: | VS () Dele | ete | | Title: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: LISA A. NORTON VS 04/23/2006