



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L37983</b>                     |  |
| 1. Entity Name<br><b>SUNTECH HOMES, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>8105 SR 54<br/>NEW PORT RICHEY, FL 34655</b> | Mailing Address<br><b>8105 SR 54<br/>NEW PORT RICHEY, FL 34655</b> |
|--|--|

|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |
| City & State                                   | City & State        |
| Zip  | Country             |



01262007 Chg-P CR2E034 (12/06)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>59-2988942</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent                     |  |
| <b>ORSI, JULIE ANN<br/>8105 SR 54<br/>NEW PORT RICHEY, FL 34655</b> |  |

|  |             |
|--|-------------|
| 7. Name and Address of New Registered Agent        |             |
| Name<br><b>JULIE ANNE ORSI</b>                     |             |
| Street Address (P.O. Box Number is Not Acceptable) |             |
| City   | FL Zip Code |

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: **1/26/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>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 |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VSTD<br>ORSI, DEBORAH ELLEN<br>8105 SR 54<br>NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>ORSI, JULIE ANN<br>8105 SR 54<br>NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>BUCK, PATRICIA O<br>8105 SR 54<br>NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| U00000615074<br>02/06/07-80057-010 150.00             |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:  **JULIE ORSI** DATE: **1/26/07** DAYTIME PHONE: **(727) 375-1414**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR