

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT


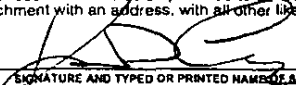
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12-3-07 SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11082007 Chg-P CR2E034 (12/06)

DOCUMENT # L42527					
1. Entity Name SUNLINE ENGINEERING CONTRACTORS, INC.					
Principal Place of Business 2120 SW POMA DR PALM CITY, FL 34990 US			Mailing Address 2120 SW POMA DR UNIT #8 PALM CITY, FL 34990 US		
2. Principal Place of Business - No P.O. Box # 2180 SW Poma Drive Suite, Apt. #, etc.		3. Mailing Address 2180 SW Poma Drive Suite, Apt. #, etc.			
City & State Palm City, FL		City & State Palm City, FL		4. FEI Number 65-0172569	
Zip 34990	Country US	Zip 34990	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRADLEY, DAVID 5321 NW 58TH TERR CORAL SPRINGS, FL 33067			7. Name and Address of New Registered Agent Name 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES BRADLEY, DAVID A MR 5321 NW 58TH TERR CORAL SPRINGS, FL 33067 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 300112804993 12/04/07--01012--014 **61.25	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP STRINGER, RANDY W MR. 410 NW DORSET CT PORT SAINT LUCIE, FL 34983 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA COPE, KEVIN D MR 2738 SW ABELARD ST PORT SAINT LUCIE, FL 34953 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR THOMPSON, TERRY MR 3 RAINTREE DRIVE PORT ORANGE, FL 32127 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Paul Knight 2120 SW Poma Drive, Unit 8 Palm City, FL 34990	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR GOLD, EDWARD MR 20976 CIPRES WAY BOCA RATON, FL 33433 <input checked="" 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	DIR GOLD, ILENE MRS 20976 CIPRES WAY BOCA RATON, FL 33433 <input checked="" 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: 		Kevin D. Cope		11/12/07 772-220-0786	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	