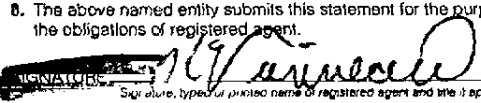
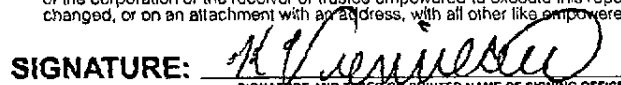


FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # M18508				Secretary of State	
1. Entity Name SOFT SUN INC.					
Principal Place of Business 8252 STATE ROAD 84 #84 DAVIE, FL 33324		Mailing Address 8252 STATE ROAD 84 #84 DAVIE, FL 33324			
DO NOT WRITE IN THIS SPACE					
		01172006 No Chg-P CR2E034 (11/05)			
		4. FEI Number 59-2558721		Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VIENNEAU, KENNETH 8252 W. STATE ROAD #84 FORT LAUDERDALE, FL 33324		DO NOT WRITE IN THIS SPACE			
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		 President		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
				000000473295 03/31/06-80011-004 150.00	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD VIENNEAU, KENNETH J. 611 SE 2ND AVENUE POMPANO BEACH, FL 33060			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
DO NOT WRITE IN THIS SPACE					
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: 		President		03-8-06 754-4747 7273	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	