


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # M89847					
<small>1. Entity Name</small> SUN SWEEPING SERVICES, INC.					
<small>Principal Place of Business</small> 3806 NW 126TH AVE. CORAL SPRINGS, FL 33065			<small>Mailing Address</small> 3806 NW 126TH AVE. CORAL SPRINGS, FL 33065		
<small>2. Principal Place of Business</small>			<small>3. Mailing Address</small>		
<small>Suite, Apt. #, etc.</small>			<small>Suite, Apt #, etc.</small>		
<small>City & State</small>			<small>City & State</small>		
<small>Zip</small>		<small>Country</small>		<small>Zip</small>	
<small>Country</small>		<small>Country</small>		<small>4. FEI Number</small> 65-0072606	
<small>6. Name and Address of Current Registered Agent</small>				<small>7. Name and Address of New Registered Agent</small>	
GERARDI, ARMAND 3806 NW 126TH AVE. CORAL SPRINGS, FL 33065				<small>Name</small>	
				<small>Street Address (P.O. Box Number is Not Acceptable)</small>	
				<small>City</small>	
				FL <small>Zip Code</small>	
<small>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.</small>					
<small>SIGNATURE</small>					
<small>Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<small>DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	D GERARDI, ARMAND 3806 N.W. 126 AVNEUE CORAL SPRINGS, FL	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
			U00000560758 05/18/06-80052-019 150.00		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	D GERARDI, VINCENT 3806 N.W. 126 AVENUE CORAL SPRINGS, FL	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<small>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.</small>					
SIGNATURE: <i>Vincent Gerardi</i>			4-29-06 954-341-881		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		