## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000000146

City-St-Zip:

MELBOURNE, FL 32940

FILED Jul 04, 2007 Secretary of State

Entity Name: SUNTREE TURKEYTROT, INC.				
Current Pr	incipal Place of Business:	New Princ	ipal Place of Business:	
	DBROOK WAY NE, FL 32940			
Current Mailing Address:		New Maili	New Mailing Address:	
	DBROOK WAY NE, FL 32940			
FEI Number: 30-0290657 FEI Number Applied For ( ) FEI Number In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the			e.	
Name and	Address of Current Registered Agent:	Name and	Address of New Registered Agent:	
	ROBERT S DBROOK WAY NE, FL 32940 US			
The above in the State	named entity submits this statement for the purpose of Florida.	e of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete BAERST, ROBERT S 635 WOODBROOK WAY MELBOURNE, FL 32940	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V () Delete BAERST, JESSICA T 635 WOODBROOK WAY MELBOURNE, FL 32940	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () Delete TROOST, PLEUN J 4050 GALLAGHER LOOP CASSELBERRY, FL 32707	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition TROOST, PLEUN J 1178 GAYLORD CT MURFREESBORO, TN 37130	
Title: Name: Address: City-St-Zip:	D () Delete TROOST, JENNIFER T 4050 GALLAGHER LOOP CASSELBERRY, FL 32707	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition TROOST, JENNIFER T 1178 GAYLORD CT MURFREESBORO, TN 37130	
Title: Name: Address:	D ( ) Delete EVERETT, DARRYL 4497 FOUR LAKES DR.	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ROBERT S. BAERST Ρ 07/04/2007