## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Feb 17, 2006 08:00 AM Secretary of State DOCUMENT # N98000000919 SUNSET BAY CHAPEL, INC. Principal Place of Business Mailing Address PO BOX 4480 PO BOX 4480 BRANDON, FL 33509-4480 BRANDON, FL 33509-4480 01242005 No Chg-NP CR2E037 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3499073 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SIEFERT, JULIE DO NOT WRITE 11425 SR 39 LITHIA, FL 33547 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 except the obligations of registered agent. Signature, typed or printed name of registered agent and titlo if applicable (NOTE: Registered Agent signature required when reinstating) Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Due by May 1, 2006 10. OFFICERS AND DIRECTORS TOLE NAME LAUTZENHEISER, REX STREET ADDRESS 1001 CLASSIC DR. CITY - ST-ZIP VALRICO, FL 33594 10110111437645 TITLE H2/28/D6-80053-001 70.00 NAME SCOTT, GALEN STREET ADDRESS 15764 PHOEBEPARK AVE CITY-ST-ZIF LITHIA, FL 33547 IIILE MALKE SIEFERT, JULIE STREET ADDRESS 2619 SHILO COURT DO NOT WRITE COTY-ST-ZIP VALRICO, FL 33594 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TIBLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 617, 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:

CITY-ST-ZIP

STREET ADDRESS CITY+ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/07/06

8133090041

Daytime Phone #

FILED