

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90186 031 ***150.00

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04032007 Chg-P CR2E034 (12/06)

DOCUMENT # P00000013424 1. Entity Name SUNCAST, INC.																													
Principal Place of Business 28909 US 19 N CLEARWATER, FL 33761			Mailing Address P.O. BOX 16645 CLEARWATER, FL 33766																										
2. Principal Place of Business - No P.O. Box # 11201 PARK BLVD		3. Mailing Address Suite, Apt. #, etc. SUITE 11																											
City & State SEMINOLE, FL		City & State _____		4. FEI Number 65-1008821																									
Zip 33772		Country _____		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent CASTANEDA, FERNANDO 14203 WHITECAP AVE HUDSON, FL 34667			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CASTANEDA, FERNANDO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>28909 US HWY 19 NORTH</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>CLEARWATER, FL 33761</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	CASTANEDA, FERNANDO		STREET ADDRESS	28909 US HWY 19 NORTH		CITY- ST- ZIP	CLEARWATER, FL 33761		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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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:				04/03/07 (127) 430-3830																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #																									