FILED May 01, 2006 8:00 am Secretary of State

2006	FOR	PKOFI	I CO	KPOK	ATIO	N
	Al	NNUAL	. REP	ORT		

NAME STREET ADDRESS CITY-ST-ZIP OCEAN CITY, MD 21842 TITLE NAME SIBONY, YARON STREET ADDRESS CITY-ST-ZIP TITLE NAME SIBONY, YARON STREET ADDRESS CITY-ST-ZIP TITLE M SIBONY, PARON STREET ADDRESS CITY-ST-ZIP TITLE NAME SIBONY, DAVID STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME SIBONY, DAVID STREET ADDRESS CITY-ST-ZIP TITLE NAME SIBONY, DAVID STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP OCEAN CITY-ST-ZIP OCEAN CITY-ST-ZIP CO/ Tyler & Co., PA 12445 Ocean Gateway, Ste 11 Ocean City, MD 21842	DOCUMENT # P0000027300 1. Entity Name SUNSATIONS OF DESTIN, INC.								05-01-2006 9	90414 00	9 ***15	0.00
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Cay & State	2. Principal P	lace of Busin	ess	3. Mailing Address								
Space Spac	Suite, Apt. #, etc.			Suite, Apt. #, etc.				Chg-P	CR2E03	4 (11/05)		
S. Certificate of Status Desired Face Required Agent Face Requ	City & State	е		City & State				i	207		_ 	
HARMON, DANIEL III 427 MCKENZIE AVE PANAMA CITY, FL 32402 City FL Zip Code	Zip		Country	Zip	Country			5. Certificate of	Status Desired			
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		6. Name	and Address of Current I	Registered Agent		Name		7. Name and A	ddress of New Re	egistered A	gent	
PANAMA CITY, FL 32402 City FL Zip Code						Street A	ddraee (l	P.O. Boy Number	ie Not Acceptable	<u>. </u>	·	
8. The above named entity submits this statement for the purpose of changing its registered attent of the obligations of registered agent, or both, in the State of Florids. I am familiar with, and eccept the obligations of registered agent. Signature Si				Street Address				.o. box admisor	is Not Acceptable	, 		
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					City					E		
SIGNATURE Signature, typed or private registered agent and life il applicable. (MOTE Registered Agent agressive required when refressive). DATE	The above named entity submits this statement for the purpose of changing its regist.											and eccept
### Change Delete TITLE DST Delete SIBONY, AVRAHAM SIBONY, AVRANAM SIBONY, AVRANOM Delete SIBONY, AVRANOM SIBONY, AVRANOM Delete SIBONY, BASINOM DELETE DELETE DELETE DELETE DEL	the obligat	ions of regist	ered agent.									•
After May 1, 2006 Fee will be \$55.0.0 Trust Fund Contribution.	SIGNATURE	Signature, typed	or printed name of registered agent a	nd little if applicable. (NOTE	: Registere	d Agent signatu	re required	when reinstating)		DATE		
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12. Thereby 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												
of the corporation or the receiver or trustee empowered to execute this report as required by Chanter 607. Florida Statutes: and that my name appears in Block 10 or Block 11 if	nformation or director											

- 4/24/06 850 235-9876