2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P00000061982

1. Entity Name SUN'S PLACE, INC.



Principal Place of Business

279 EAST EAU GALLIE BLVD. MELBOURNE, FL 32937

Mailing Address

HONATURE AND TYPED OR PRINTED NAME OF SIGNING OF PICEN OR DIRECTOR

279 EAST EAU GALLIE BLVD. MELBOURNE, FL 32937

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



DO NOT WRITE IN THIS SPACE

04262006 No Chg-P CR2E034 (11/05)	04262006	No Chg-P	CR2E034 (11/05)
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4. FEI Number		White real
59-3656924	 	Not Applicable
5. Certificate of Status Desired	\$8.75	Additional

Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

TAYLOR, SUN K 279 EAST EAU GALLIE BLVD. MELBOURNE, FL 32937

SIGNATURE:

DO NOT WRITE IN THIS SPACE

8. The above the obligation	named entity submits this statement for the p ions of registered agent.	urpose of changing its reg	istered office or re	egistered agent, or bo	th, in the State of Flori	da. I am fan	niliar with, ar	id accept
SIGNATURE_			<u> </u>	· <u> </u>				<u> </u>
	Signature, typed or printed name of registered agent and little i	applicable (NOTE, Re	gistered Agent signature	required when reinstating)		DATE	<u> </u>	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees				İ
10.	OFFICERS AND DIREC	TORS ,						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, SUN K 645 DESOTO LANE INDIAN HARBOUR BEACH, FL 3293	,						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					05/19/06-	561257 80007-(009 150	0.00.
TITLE NAME STREET ADDRESS CITY ST-ZIP				DO	NOT W	RITE		j
TITLE NAME STREET AUDRESS CITY-ST-ZIP				IN .	THIS SP	ACE		
TITLE NAME STREET ADDRESS GITY-ST-ZIP							_	
TITLE NAME STREET ADDRESS CITY-SI-ZIP					w. * * * · · · · · · · · · · · · · · · ·	* * ** * · · · ·		
12. I hereby of indicated of the corchanged	certify that the information supplied with this fi I on this report or supplemental report is true a reporation or the receiver or trustee empowere , or on an attachment with an address, with al	ling does not qualify for the and accurate and that my a d to execute this report as lother like empowered.	ne exemptions cor signature shall har required by Chap	ntained in Chapter 119 ve the same legal effe ter 607, Florida Statut	9, Florida Statutes. I for ct as if made under or es; and that my name	arther certify ath; that I am appears in E	that the info an officer o Block 10 or E	ormation r director Block 11 if