2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 13, 2006 8:00 am **Secretary of State** DOCUMENT # P00000083830 1. Entity Name 02-13-2006 90013 028 ***150.00 SUN BAY STRUCTURES, INC. Principal Place of Business Mailing Address 6211 BAYSIDE DR. 6211 BAYSIDE DR. NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652 2. Principal Place of Business 18618 73 P.D. 3. Mailing Address PLACE 18618 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For Mc ALPIN 65-1038031 MCALPIN Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EPP, DAVID R Street Address (P.O. Box Number is Not Acceptable) 6211 BAYSIDE DR. **NEW PORT RICHEY FL 34652** Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 01.28.06 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE TITLE ☐ Addition BONGIOVI, JOSEPH J NAME NAME HAS RESIGN DSTREET ADRESS OF 12.31.05 STREET ADDRESS 6215 BAYSIDE DR. CITY-ST-ZIP NEW PORT RICHEY FL 34652 CITY-ST-ZIP NEW ADDRESS Delete TITLE TITLE □ Addition NAME EPP, DAVID R NAME 18618 73RD PLACE STREET ADDRESS 6211 BAYSIDE DR. STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY FL 34652 CITY-ST-ZIP MCALPIN , FLORIDA TITLE Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete THILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7IP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED

DAVID R. EV 01-28-06 (386) 963-4929

OR DIRECTOR Date District Phone #