2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 20, 2006 8:00 am Secretary of State **DOCUMENT # P00000085701** 1. Entity Name 04-20-2006 90169 033 ***150.00 SUNVEST COMMERCIAL PROPERTIES, INC. Principal Place of Business Mailing Address 120 INTERNATIONAL PARKWAY 120 INTERNATIONAL PARKWAY 40053868 STE 220 STE 220 HEATHROW, FL 32746 HEATHROW, FL 32746 2. Principal Place of Business 3. Mailing Address 801 International Pkwy 801 International Phwy Suite, Apt. #, etc. Suite, Apt. #, etc. 04162006 CR2E034 (11/05) Suite 500 Suite 500 Applied For 4. FEL Number Heathrow 59-3677952 Not Applicable \$8.75 Additional 32746 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent David J. Sundstrom SUNDSTROM, DAVID J Street Address (P.O. Box Number is Not Acceptable) 120 INTERNATIONAL PARKWAY STF 220 HEATHROW, FL 32746 Heathrow 8. The above named entry 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. 4-14.06 SIGNATURE. (NOTE: Registered Agent signature required when reinstating) if applicable. Signature, typed or printer 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Added to Fees Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Change 🔀 TITLE **PSD** ☐ Defete David J. Sundstron TIT! E 801 International PXWY, #500 SUNDSTROM, DAVID J NAME NAME 120 INTERNATIONAL PARKWAY STE 220 STREET ADDRESS STREET ADDRESS HEATHROW, FL 32746 CITY - ST - 7IP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE 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 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 it 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:

NEEL NAME OF SIGNING OFFICER OR DIRECTOR

FILED