## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT

## Aug 09, 2005 8:00 am Secretary of State **DOCUMENT # P00000103640** 08-09-2005 90003 036 \*\*\*158.75 SUNSPLASH EVENTS, INC. Mailing Address Principal Place of Business 146 RUTLAND BLVD 146 RUTLAND BLVD WEST PALM BEACH, FL 33405 WEST PALM BEACH, FL 33405 2. Principal Place of Business 1580 SAN 60ASS COEP PKWY 3. Mailing Address 1580 SAWGRASS COLP PIGNY Suite, Apt. #, etc. SUITE 130 SUITE 130 08012005 Chg-P CR2E034 (10/03) Applied For City & State SUMPIST 4. FEI Number SUNRISE FL FL 65-1054075 Not Applicable Country \$8.75 Additional 33323 33323 5. Certificate of Status Desired WSA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SNISKY, SUZANNE SNISKY, SUZANNE-Street Address (P.O. Box Number is Not Acceptable) 786 VIA TOSCANA WELLINGTON, FL 33414 CILY WEST PALM BEACH 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. (HOTE, Registered Agent signature registed when renataring 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ППЕ Delete TITLE HOWHTALING, DAREN HOUGHTALING, DAREN KAME NAME 146 RUTLAND BLUD STREET ADDRESS 786 VIA TOSCANA STREET ADDRESS WESTPANM BEACH FL 3340S CITY ST-ZIP WELLINGTON, FL 33414 CITY ST ZIP De ete NTLE ☐ Change Add'tion SNISKY, SUZANNE E NAME NAME STREET ADDRESS 146 RUTLAND BLVD STREET ADDRESS CITY-ST ZIP WEST PALM BEACH, FL 33405 CITY ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME HAME STREET ADORESS STREET ADDRESS CITY ST ZIP CITY - ST - ZIP De ete TITLE Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST ZIP De ete ☐ Change ☐ Addition TITLE TITLE KAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST ZIP TITLE De ete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY - ST - ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I turther 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:

**FILED**