


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2007 08:00 A
Secretary of State

DOCUMENT # P00000110053 1. Entity Name SUNDIAL CONSULTING GROUP, INC.	
--	---

Principal Place of Business 1000 BELCHER RD. STE. A6 LARGO, FL 33771-3321	Mailing Address 1000 BELCHER RD. STE. A6 LARGO, FL 33771-3321
--	--

DO NOT WRITE IN THIS SPACE



07022007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3684361	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ARNTZEN, ALLEN D
 2240 WILLOWBROOK DR.
 CLEARWATER, FL 33764-6780

DO NOT WRITE
IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000773236
09/05/07-80002-025 550.00

10. OFFICERS AND DIRECTORS	
TITLE	SVD
NAME	ARNTZEN, ALLEN D
STREET ADDRESS	2240 WILLOWBROOK DR
CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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 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: Allen D Arntzen Allen D Arntzen 8/28/07 727538018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #