2006 FOR PROFIT CORPORATION

## ANNUAL REPORT FILED **DOCUMENT # P01000036139** Apr 24, 2006 08:00 AN 1. Entity Name **Secretary of State** BUENAVISTAHG - SUNSPREE, INC. Principal Place of Business Mailing Address 2910 W. BAY TO BAY BLVD., STE. 200 2910 W. BAY TO BAY BLVD., STE. 200 TAMPA, FL 33629 TAMPA, FL 33629 04032006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3708166 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE JENKINS, DONNA 2910 W. BAY TO BAY BLVD., STE. 200 TAMPA, FL 33629 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, 05/06/06-80011-006 200.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FRE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE FROST, MICHAEL H MAME STREET ADDRESS 2910 W. BAY TO BAY BLVD., STE. 200 CITY-ST-ZIP TAMPA, FL 33629 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 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 807, 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:

TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Frost 4-11-00

813-221-7835

Daytime Phone #