2006 FOR PROFIT CORPORATION

Apr 20, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P01000047970** 04-20-2006 90170 027 ***150.00 SUNVEST PARTNERS OF HEATHROW, INC. Principal Place of Business Mailing Address 120 INTERNATIONAL PARKWAY 120 INTERNATIONAL PARKWAY SUITE 220 SUITE 220 HEATHROW, FL 32746 HEATHROW, FL 32746 3. Mailing Address 2. Principal Place of Business 801 International PKWy. 801 International Pkwy Suite, Apt. #, etc. Suite, Apt. #, etc. 04162006 CR2E034 (11/05) suite 500 Applied For City & State 4. FEI Number eathnu 59-3727100 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32746 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name David J. Sundstrom SUNDSTROM, DAVID J Street Address (P.O. Box Number is Not Acceptable) 801 International Par 120 INTERNATIONAL PARKWAY SUITE 220 Suite 500 HEATHROW, FL 32746 City Heathrow 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 about 4-14-06 SIGNATURE_ (NOTE: Registered Agent signature required when reinstating) agent arreline if applicable. Signature, typed or printed in 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. PSD David J. Sundstrom Change Addition PSD TITLE TITLE ☐ Delete NAME 801 International PKWy. Ste 500 SUNDSTROM, DAVID J STREET ADDRESS 9115 BAYSIDE CT STREET ADDRESS Heathrow FL 32746 CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32819 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete 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 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 her like empowered. changed, or on an attachment

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND

FILED