


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90293 044 \*\*\*150.00

<b>DOCUMENT # P01000057253</b> 1. Entity Name <b>SUNKO, INC.</b>					
Principal Place of Business <b>1308 EDGEWATER DRIVE ORLANDO, FL 32804</b>			Mailing Address <b>1308 EDGEWATER DRIVE ORLANDO, FL 32804</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent  <b>OFFENBACKER, TAMMY 7318 GRAND AVENUE WINTER SPRINGS, FL 32792</b>				7. Name and Address of New Registered Agent Name <b>Tammy Offenbacher</b> Street Address (P.O. Box Number is Not Acceptable) <b>1408 Ponce De Leon Blvd.</b> City <b>Winter Springs</b> <b>FL</b> Zip Code <b>32708</b>	
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 <b>Tammy D Offenbacher</b> <span style="float: right;">4-13-06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D NELSON, SUN H 10338 TARABY COURT ORLANDO, FL 328173292</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <b>Sun H Nelson</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/15/06</b> <small>Date</small>		<b>(407) 422 3534</b> <small>Daytime Phone #</small>