


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90005 022 ***158.75

DOCUMENT # P01000072346		
1. Entity Name UNIVERSAL SUN INDUSTRIES, INC.		

Principal Place of Business PO BOX 335 BUSHNELL, FL 33513-0020	Mailing Address C/O ANTHONY CANTONE PO BOX 38400 SANTA BARBARA, CA 93120-0400
--	--

2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO BOX 1826	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State LOMPOC, CA	
Zip	Country	Zip 93438	Country US

40000000000000000000000000000000



01282007 Chg-P CR2E034 (12/06)

4. FEI Number 94-3404820	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STEWART, WILLIAM 3355 OCEAN DR VERO BEACH, FL 32963		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	DP CANTONE, ANTHONY S 480 ST. ANDREWS WAY VANDENBERG VILLAGE, CA 93436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HILL, JOY W 480 ST. ANDREWS WAY VANDENBERG VILLAGE, CA 93436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Anthony S. Cantone** 27 Feb. 2007 805-717 3631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #