## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 18, 2007 8:00 am Secretary of State

ANNUAL REPORT					Secretary of State				
DOCUMENT # P01000073016  1. Entity Name FLORIDA SUN INVESTMENTS, INC.					01-18-2007 90104 037 ***150.00				
Principal Place of Business 1161 NE 166 ST. NORTH MIAMI BEACH, FL 33162		Mailing Address 1161 NE 166 ST NORTH MIAMI BEACH, FL 33162		62	<b>60002535</b>				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01122007	Chg-P	CR2E034	(12/06)		
City & State		City & State			4. FEI Numbe 65-1125		Applied For Not Applicable		
Zip	Country	Zip Coun		ry	5. Certificate	□ Fe	\$8.75 Additional Fee Required		
PATTERSON, DE ANN 1161 NE 166 ST NORTH MIAMI BEACH, FL 33162					(P.O. Box Numbe			THE STATE OF THE S	
8. The above the obligation	named entity submits this statement fi	for the purpose of changing its	registere	City ad office or registe	ered agent, or both	n, in the State of I	FL Florida. I am fam	Zip Code	
SIGNATURE_	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTI	E: Registered	d Agent signature require	rd when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campai Trust Fund Cont	_	~ ~~	i.00 May Be ded to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OR	FFICERS AND DI	RECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Delete TITE PATTERSON, DEANN B PRES NA 1161 NE 166 ST ST				· · · · · · · · · · · · · · · · · · ·			] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		<b>I</b>				] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		<b>I</b>				] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		<b>I</b>				] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY	ET ADDRESS -ST-ZIP				] Change	Addition
<ol> <li>12. i hereby of</li> </ol>	certify that the information supplied wi	th this filing does not qualify for	or the exe	emptions containe	o in Unapter 119	, Fiorida Statutes	. I turther certify	mat the in	normation

12. I hereby certify that the information supplied with this filing does not quality 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 trusted 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

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/07

Daytime Phone #