

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000089288

FILED
May 12, 2005
Secretary of State

Entity Name: SUNSCOPE INVESTMENTS, INC.

Current Principal Place of Business:

3225 AVIATION AVE
STE 300
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

3225 AVIATION AVE
STE 300
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 04-3695217 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLEISHER, BRUCE H ESQ
3225 AVIATION AVENUE
STE 300
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ABEBE, YAMISI
Address: C/O MICHAEL H MALE, 3225 AVIATION AVE #300
City-St-Zip: COCONUT GROVE, FL

Title: VPAS () Delete
Name: MASTERS, CARLTON A
Address: GOODWORKS LLC, 308 PEACHTREE ST NE, #4420
City-St-Zip: ATLANTA, GA 30308

Title: T () Delete
Name: MASTERS, CARLTON A
Address: GOODWORKS LLC, 308 PEACHTREE ST NE, #4420
City-St-Zip: ATLANTA, GA 30308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLTON A. MASTERS

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05/12/2005

Electronic Signature of Signing Officer or Director

Date