2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000097834

Address:

City-St-Zip:

Entity Name: SUNSET CONTRACTING CORPORATION

FILED Dec 15, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 106 S 35TH ST FORT PIERCE, FL 34947 **Current Mailing Address: New Mailing Address:** P.O. BOX 2519 FT PIERCE, FL 349542519 FEI Number: 65-1146376 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ANDERSON, GARY J PRES 105 NORTH 39TH STREET FORT PIERCE, FL 34947 US 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRFS () Delete Title: () Change () Addition ANDERSON, GARY PRES Name: Name: 106 S 35TH ST Address: Address: City-St-Zip: FORT PIERCE, FL 34947 US City-St-Zip: Title: V.P. Title: () Delete (X) Change () Addition Name: MCKENZIE, STEVE V.P. Name: PURKISS, VANGHN V.P. 106 SOUTH 35TH STREET 106 SOUTH 35TH STREET Address: Address: FORT PIERCE, FL 34947 US FORT PIERCE, FL 34947 US City-St-Zip: City-St-Zip: Title: Title: () Delete SECR () Change (X) Addition MOLINA RIVERA, JOSE SECR Name: Name: 106 S 35TH ST Address Address: City-St-Zip: City-St-Zip: FORT PIERCE, FL 34947 Title: () Delete Title: OWNE () Change (X) Addition MCKENZIE, STEVE OWNER Name: Name:

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.

Address:

City-St-Zip:

106 S 35ST ST

FORT PIERCE, FL 34947

SIGNATURE: STEVE MCKENZIE OWNE 12/15/2005