

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000042409

FILED  
Mar 21, 2006  
Secretary of State

Entity Name: SUN SYSTEMS OF WELLINGTON, INC.

**Current Principal Place of Business:**

1868 CAPESIDE CIRCLE  
WELLINGTON, FL 334148097

**New Principal Place of Business:**

**Current Mailing Address:**

1868 CAPESIDE CIRCLE  
WELLINGTON, FL 334148097

**New Mailing Address:**

FEI Number: 04-3645990

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GERGE, CHARLENE M  
1868 CAPESIDE CIR  
WEST PALM BEACH, FL 33414 US

**Name and Address of New Registered Agent:**

GERKE, CHARLENE M  
1868 CAPESIDE CIR  
WEST PALM BEACH, FL 33414 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: CHARLENE M. GERKE

03/21/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: GERKE, CHARLENE M  
Address: 1868 CAPESIDE CIRCLE  
City-St-Zip: WELLINGTON, FL 334148097

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 Chapter 119, 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: CHARLENE M. GERKE

PSTD

03/21/2006

Electronic Signature of Signing Officer or Director

Date