2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P02000074937

SUNDIAL DEVELOPERS, INC.



FILED May 01, 2007 08:00 A Secretary of State

Principal Place of Business

1234 AIRPORT RD., STE. #124 DESTIN, FL 32541

Mailing Address

1234 AIRPORT RD., STE. #124 DESTIN, FL 32541



DO NOT WRITE IN THIS SPACE

04242007 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 20-0892155 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

DUNKLE, GERALD R 1234 AIRPORT RD., STE. #124 DESTIN, FL 32541

DO NOT WRITE IN THIS SPACE

				*** 1	INO OF AGE
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 Signature, typed or printed name of registered agent and hitle if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Fi Trust Fund Contribution		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DUNKLE, GERALD R 1234 AIRPORT RD., STE. #124 DESTIN, FL 32541				000000750800 05/18/07-80078-001 75.00
TITLE	vs				U5/18/U/-80078-001 75.00
NAME STREET ADDRESS CITY-ST-ZIP	HARRISON, JOHN W 1234 AIRPORT RD., STE. #124 DESTIN, FL 32541		_		000000750800 05/18/07-80078-002 75.08
TITLE					
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					·

12. I hereby certify that the information supplied with this filling 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: .

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07