2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 03, 2004 8:00 am Secretary of State 05-03-2004 90413 043 ***150.00 DOCUMENT # P02000113201 1. Entity Name SUN REAL PROPERTIES, INC. 94080140 Principal Place of Business Mailing Address 13833 E-4 WELLINGTON TRACE - 209 13833 E-4 WELLINGTON TRACE - 209 WELLINGTON, FL 33414 WELLINGTON, FL 33414 2. Principal Place of Business 3. Mailing Address 1986 WINDSOR DRIVE Suite, Apt. #, etc. 1986 WINDSOR DRIVE Suite, Apt. #, etc 04302004 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Number 75-3115888 Not Applicable NORTH PALM MORTH PALM BEACH. BEACH F Country \$8.75 Additional 5. Certificate of Status Desired 33408 PALM BEACH PALM BEACH Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PAVESE ROBERT MUCCI, ALBERT J Street Address (P.O. Box Number is Not Acceptable) 15783 CYPRESS PARK DR WELLINGTON, FL 33414 33408 NORTH PALM BEACH 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. 30/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition NAME PAVESE, ROBERT NAME STREET ADDRESS 4521 PGA BLVD #323 1986 WINDSOR DRIVE STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 CITY-ST-ZIP NORTH PALM BEACH, FL 33408 ☐ Delete TITLE Change Addition MUCCI, ALBERT J NAME NAME 8040 INAGUA LANE STREET ADDRESS 15535 SUNWARD DRIVE STREET ADDRESS CITY-ST-ZIP WELLINGTON, FL 33414 CITY-ST-ZIP WELLINGTON FL 33414 TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Сhапре ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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.

FILED