


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90071 017 ***150.00

DOCUMENT # P02000116498	
1. Entity Name SUN RESOURCES INC.	

Principal Place of Business 800 WEST CYPRESS CREEK ROAD SUITE 350 FT. LAUDERDALE FL 33309 US	Mailing Address 800 WEST CYPRESS CREEK ROAD SUITE 350 FT. LAUDERDALE FL 33309 US
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2. Principal Place of Business 219 PORTO VECCHIO WAY Suite, Apt. #, etc.	3. Mailing Address 219 PORTO VECCHIO WAY Suite, Apt. #, etc. PALM BEACH GARDENS
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1st MOORE CR2E034 (10/05)

City & State PALM BEACH GARDENS FL	City & State FLORIDA
Zip 33418	Country PALM BEACH
Zip 33418	Country PALM BEACH

4. FEI Number 57-1135912	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KRINSKY, JAY 800 WEST CYPRESS CREEK ROAD SUITE FT. LAUDERDALE FL 33309	
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7. Name and Address of New Registered Agent Name ARTHUR G. ROSENBERG Street Address (P.O. Box Number is Not Acceptable) 219 PORTO VECCHIO WAY City & State PALM BEACH GARDENS FL Zip Code 33418	
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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 	DATE 2/13/06

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P ROSENBERG, LESLIE 9203 TOWN GATE LANE BETHESDA MD 20817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT ROSENBERG, LESLIE 219 PORTO VECCHIO WAY PALM BEACH GARDENS FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
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SIGNATURE: 	DATE: 2/13/06	DAYTIME PHONE #: 561-622-4228
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