2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006
Secretary of State

DOCUMENT# P03000000989

Entity Name: SUNNY BEACH REALTY INC.

Current Principal Place of Business:

P.O. BOX 838
HAIWASSEE, GA 30546

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 838
HIAWASSEE, GA 30546

New Mailing Address:

FEI Number: 14-1865651 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
941 FOURTH STREET #200
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MILO, JOSEPH A
Address: P.O. BOX 838
City-St-Zip: HIAWASSEE, GA 30546

Title: D ( ) Delete
Name: RESTREPO, SHARON
Address: 10 SE CENTRAL PARKWAY #315
City-St-Zip: STUART, FL 34994

Title: D ( ) Delete
Name: RESTREPO, JUAN
Address: 10 SE CENTRAL PARKWAY #315
City-St-Zip: STUART, FL 34994

Title: D ( ) Delete
Name: BENT-TWYFORD, DWAN
Address: 10 SE CENTRAL PARKWAY #315
City-St-Zip: STUART, FL 34994

Title: D ( ) Delete
Name: TWYFORD, WILLIAM
Address: 10 SE CENTRAL PARKWAY #315
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: RESTREPO, SHARON
Address: P.O. BOX 838
City-St-Zip: HIAWASSEE, GA 30546

Title: D (X) Change ( ) Addition
Name: RESTREPO, JUAN
Address: P.O. BOX 838
City-St-Zip: HIAWASSEE, GA 30546

Title: D (X) Change ( ) Addition
Name: BENT-TWYFORD, DWAN
Address: P.O. BOX 838
City-St-Zip: HIAWASSEE, GA 30546

Title: D (X) Change ( ) Addition
Name: TWYFORD, WILLIAM
Address: P.O. BOX 838
City-St-Zip: HIAWASSEE, GA 30546

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: JOSEPH A. MILO D 02/02/2006

Electronic Signature of Signing Officer or Director — Date