

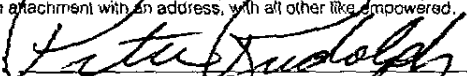


FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000018271			
1. Entity Name TREASURES UNDER THE SUN INC.			
Principal Place of Business 1903 BINNEY DR FT PIERCE, FL 34949		Mailing Address 1903 BINNEY DR FT PIERCE, FL 34949	
DO NOT WRITE IN THIS SPACE			
		02282008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 05-0563760	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FREY, TIMOTHY A 1903 BINNEY DR FT PIERCE, FL 34949		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when remaining)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		03/21/06-80117-005 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		P FREY, TIMOTHY A 1903 BINNEY DR FORT PIERCE, FL 34949	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		VP RUDOLPH, PETER 1500 EAST HILLSBORO BLVD #206 DEERFIELD BEACH, FL 33441	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing 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 		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			