2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005
Secretary of State

DOCUMENT# P03000020112

Entity Name: SUNCRUZ INN, INC.

Current Principal Place of Business:

P O BOX 4470
FT LAUDERDALE, FL 33338

New Principal Place of Business:

Current Mailing Address:

P O BOX 4470
FT LAUDERDALE, FL 33338

New Mailing Address:

FEI Number: 54-2096203 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRACKIN, COLLEEN C
1732 NE 50 STREET
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

POTKAY, COLLEEN C
1732 NE 50 STREET
POMPANO BEACH, FL 33064 US

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: COLLEEN POTKAY 05/06/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: REFKIN, STEVEN C
Address: 9505 SEA TURTLE DR
City-St-Zip: PLANTATION, FL 33324

Title: VD ( ) Delete
Name: DAVIS, JEFFREY
Address: 1508 NE 5 CT
City-St-Zip: FT LAUDERDAL E, FL 33301

Title: SD ( ) Delete
Name: BRACKIN, COLLEN C
Address: 1732 NE 50 ST
City-St-Zip: POMPANO BCH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: COLLEEN POTKAY SD 05/06/2005
Electronic Signature of Signing Officer or Director Date