2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2004
Secretary of State

DOCUMENT# P03000062263

Entity Name: SUN KING FINANCIAL CORP.

Current Principal Place of Business:

5200 N. FLAGLER, SUITE 902
WEST PALM BEACH, FL 33407

New Principal Place of Business:

5200 N. FLAGLER DRIVE
SUITE 902
WEST PALM BEACH, FL 33407

Current Mailing Address:

5200 N. FLAGLER, SUITE 902
WEST PALM BEACH, FL 33407

New Mailing Address:

5200 N. FLAGLER DRIVE
SUITE 902
WEST PALM BEACH, FL 33407

FEI Number: 81-0618258 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AARONS, NEILL S
5200 N. FLAGLER, SUITE 902
WEST PALM BEACH, FL 33407

Name and Address of New Registered Agent:

AARONS, NEILL S
5200 N. FLAGLER DRIVE
SUITE 902
WEST PALM BEACH, FL 33407

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: NEILL AARONS 08/09/2004
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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES ( ) Change (X) Addition
Name: AARONS, NEILL S PRES.
Address: 5200 NORTH FLAGLER DRIVE, SUITE #902
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: VP ( ) Change (X) Addition
Name: AARONS, NEILL S VP
Address: 5200 NORTH FLAGLER DRIVE, APT #902
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: SEC ( ) Change (X) Addition
Name: AARONS, NEILL S SEC
Address: 5200 NORTH FLAGLER DRIVE, APT #902
City-St-Zip: WEST PALM BEACH, FL 33407 US

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: NEILL AARONS PRES 08/09/2004
Electronic Signature of Signing Officer or Director Date