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FILED
Feb 14, 2007 8:00 am
Secretary of State
01-16-2007 90181 028 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000096074

1. Entity Name
SUNDERLAND UTILITIES INC.

66001478

Principal Place of Business	Mailing Address
5193 BALMOR TERRACE NORTH PORT, FL 34287	5193 BALMOR TERRACE NORTH PORT, FL 34287

01102007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 20-0211785 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUNDERLAND, TERESA S
5193 BOLMAR TERRACE
NORTH PORT, FL 34288

7. Name and Address of New Registered Agent

Name: Teresa Sheehan-Sunderland
Street Address (P.O. Box Number is Not Acceptable): 5193 BALMOR Ter
City: North Port FL Zip Code: 34288

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: Teresa [signature] 1/12/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS	☐ Delete
NAME	SUNDERLAND-SHEEHAN, TERESA	
STREET ADDRESS	5193 BOLMAR TERRACE	
CITY-ST-ZIP	NORTH PORT, FL 34288	
TITLE	VT	☐ Delete
NAME	SUNDERLAND, MIKE	
STREET ADDRESS	5193 BALMOR TERRACE	
CITY-ST-ZIP	NORTH PORT, FL 34288	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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: Teresa [signature] Teresa Sheehan-Sunderland 1/12/07 941-815-4632
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #