



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000133560</b>						
1. Entity Name <b>SUNCEPTS, INC.</b>						
Principal Place of Business <b>2654 S.E. WILLOUGHBY BLVD. STUART, FL 34994</b>	Mailing Address <b>2654 S.E. WILLOUGHBY BLVD. STUART, FL 34994</b>	  01062006 No Chg-P CR2E034 (11/05) <table border="1"><tr><td>4. FEI Number <b>95-4795939</b></td><td>Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b></td></tr></table>	4. FEI Number <b>95-4795939</b>	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>						
<b>DO NOT WRITE IN THIS SPACE</b>						
6. Name and Address of Current Registered Agent  <b>INTRASTATE REGISTERED AGENT CORPORATION HOLLAND &amp; KNIGHT LLP 701 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33131-3209</b>		<b>DO NOT WRITE IN THIS SPACE</b>				
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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____						
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SANTARSIERO, JOHN 2075 SE ST LUCIE BLVD STUART, FL 34996					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SV SANTAR-SIEGO, BONNIE 2075 SE ST LUCIE BLVD STUART, FL 34996					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD ZOCKERMAN, STEPHEN 638 WOODRUFF AVE LOS ANGELES, CA 90024					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO BRESSETTE, NORMAN F 3270 SW ISLAND WAY PALM CITY, FL 34990					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARR, CHRIS 199 S LOAS ROBLES AVE PASADENA, CA 91105					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MITCHELL, TROY 16358 FLANDER STREET GRANADA HILLS, CA 91344					
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.  <b>SIGNATURE: <i>Norman F Bressette</i> NORMAN F BRESSETTE JANUARY 6, 2006 (772)781-7979</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						