


# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 DEC 28 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000133560		
1. Entity Name SUNCEPTS, INC.		

Principal Place of Business 2654 S.E. WILLOUGHBY BLVD. STUART, FL 34994	Mailing Address 2654 S.E. WILLOUGHBY BLVD. STUART, FL 34994
-------------------------------------------------------------------------------	-------------------------------------------------------------------

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



12262007 Chg-P CR2E034 (12/06)

4. FEI Number 95-4795939	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--------------------------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
-----------------------------------------------------------	--------------------------------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
INTRASTATE REGISTERED AGENT CORPORATION HOLLAND & KNIGHT LLP 701 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33131-3209		Name <u>Norman F Bressette</u> Street Address (P.O. Box Number is Not Acceptable) <u>2654 SE Willoughby Blvd</u> City <u>Stuart</u> FL Zip Code <u>34994</u>	

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: <u>Norman F Bressette</u> Signature, typed or printed name of registered agent and title if applicable.	DATE: <u>12/26/2007</u> (NOTE: Registered Agent signature required when reinstating)
-----------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
-----------------------	--------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANTARSIERO, JOHN 2075 SE ST LUCIE BLVD STUART, FL 34996 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>400113742674</u> <u>01/04/08--01009--002 **\$1.25</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEGENER, GUY 2281 SW GOLDEN BEAR WAY PALM CITY, FL 34990 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ZOCKERMAN, STEPHEN 638 WOODRUFF AVE LOS ANGELES, CA 90024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>Zuckerman, Stephen</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BRESSETTE, NORMAN F 3270 SW ISLAND WAY PALM CITY, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARR, CHRIS 199 S LOAS ROBLES AVE PASADENA, CA 91105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, TROY 3021 OCEAN PARK BLVD SANTA MONICA, CA 90405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Norman F Bressette</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: <u>12/26/2007</u> Daytime Phone #: <u>(772) 781-7979</u>
------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------

## 10. Officers and Directors (continued)

Title	D	<input checked="" type="checkbox"/>	<b>DELETE</b>
Name	Jerry Bergeron		
Street Address	77 Wandering Elk Way		
City St Zip	Estes Park, CO 80517		