2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000145377

Entity Name: SUN STATE ACQUISITIONS, INC.

FILED Aug 08, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

162 BAYSIDE DRIVE 17 RICHELIEU LN

PALM COAST, FL 32137 US PALM COAST, FL 32164 US

Current Mailing Address: New Mailing Address:

PO BOX 351985 PO BOX 351984

PALM COAST, FL 32135 PALM COAST, FL 32135

FEI Number: 20-0453781 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TAYLOR, MARK A PAYNE, LEA P 8375 BAYMEADOWS WAY 17 RICHELIEU LN

JACKSONVILLE, FL 32256 US PALM COAST, FL 32164 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: LEA P PAYNE 08/08/2007

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 PAYNE, LEA P
 Name:
 PAYNE, LEA P

 Address:
 162 BAYSIDE DRIVE
 Address:
 17 RICHELIEU LN

City-St-Zip: PALM COAST, FL 32137 US City-St-Zip: PALM COAST, FL 32164 US

Title: () Delete Title: VP () Change (X) Addition

 Name:
 Name:
 ELSNER, KIMBERLY J

 Address:
 Address:
 PO BOX 351984

City-St-Zip: City-St-Zip: PALM COAST, FL 32135 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LEA P PAYNE P 08/08/2007