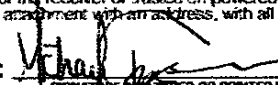


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90057 032 ***150.00

DOCUMENT # P04000018026 1. Entity Name SUNDANCE CONSULTING, INC.																																					
Principal Place of Business 6858 WEDELIA TERRACE PALM CITY, FL 34990 US			Mailing Address PO BOX 2473 PALM CITY, FL 34991 US																																		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																		
City & State			City & State																																		
Zip		Country		4. FEI Number 30-0240069																																	
5. Certificate of Status Desired ☐		Applied For Not Applicable																																			
6. Name and Address of Current Registered Agent TRAPANI, MICHAEL 6858 WEDELIA TERRACE PALM CITY, FL 34990																																					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																					
B. 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 reappointing)																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 15%; padding: 2px;">P</td> <td style="width: 40%; padding: 2px;">TRAPANI, MICHAEL</td> <td style="width: 30%; padding: 2px;">☐ Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td>6858 WEDELIA TERRACE</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td>PALM CITY, FL 34990</td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 15%; padding: 2px;"></td> <td style="width: 40%; padding: 2px;"></td> <td style="width: 30%; padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>						TITLE	P	TRAPANI, MICHAEL	☐ Delete	NAME				STREET ADDRESS		6858 WEDELIA TERRACE		CITY-ST-ZIP		PALM CITY, FL 34990		TITLE			☐ Change ☐ Addition	NAME				STREET ADDRESS				CITY-ST-ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:  4/13/05 772 781-1733 Date Daytime Phone #																																					