

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000036814

1. Entity Name
 SUNSET DISTRIBUTORS OF FLORIDA, INC.



Principal Place of Business
 5280 GLENVILLE DRIVE
 BOYNTON BEACH, FL 33437

Mailing Address
 5280 GLENVILLE DRIVE
 BOYNTON BEACH, FL 33437



01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 13-4101439 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LINETT, CAROLYN
 5280 GLENVILLE DRIVE
 BOYNTON BEACH, FL 33437

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

1101011418529
 02/14/06-80010-012 150.00

10. OFFICERS AND DIRECTORS

TITLE: D
 NAME: LINETT, CAROLYN
 STREET ADDRESS: 5280 GLENVILLE DRIVE
 CITY - ST - ZIP: BOYNTON BEACH, FL 33437

TITLE: D
 NAME: GORDON, ROBERT S
 STREET ADDRESS: 10 WESLEYS LANE UNIT 25
 CITY - ST - ZIP: GREAT NECK, NY 11023

TITLE
 NAME
 STREET ADDRESS
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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: *Carolyn Linett Carolyn Linett* 1/30/06 (561) 742-865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #