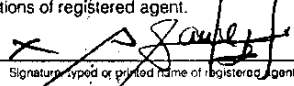
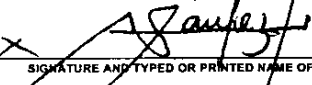


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90410 004 \*\*\*150.00

<b>DOCUMENT # P04000051572</b> 1. Entity Name <b>W.C. SUN, INC.</b>																													
Principal Place of Business <b>1800 S. HARBOR CITY BLVD. MELBOURNE, FL 32901 US</b>			Mailing Address <b>1800 S. HARBOR CITY BLVD. MELBOURNE, FL 32901 US</b>																										
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country																											
4. FEI Number <b>20-0977694</b>			Applied For <input type="checkbox"/> Not Applicable																										
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>																										
6. Name and Address of Current Registered Agent  <b>CABRERA, WILLIAM 4840 FAY BLVD. COCOA, FL 32927</b>			7. Name and Address of New Registered Agent Name <b>ALEJANDRO SANCHEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>10852 N.W. 85th TERRACE</b> City <b>MIAMI</b> FL Zip Code <b>33178</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  (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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>SANCHEZ, ALEJANDRO</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>6016 N.W. 116TH PLACE #401</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>MIAMI, FL 33178</b></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	NAME	<b>SANCHEZ, ALEJANDRO</b>		STREET ADDRESS	<b>6016 N.W. 116TH PLACE #401</b>		CITY-ST-ZIP	<b>MIAMI, FL 33178</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td><b>Sanchez, Alejandro</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>10852 N.W. 85th TERRACE</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>MIAMI FL 33178</b></td> <td></td> </tr> </table>			TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	<b>Sanchez, Alejandro</b>		STREET ADDRESS	<b>10852 N.W. 85th TERRACE</b>		CITY-ST-ZIP	<b>MIAMI FL 33178</b>	
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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: 																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																													
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