

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90089 028 ***150.00

DOCUMENT # P04000076696 1. Entity Name SUNDANCE INTERNATIONAL CORPORATION					
Principal Place of Business 2430 VANDERBILT BEACH ROAD UNIT 108, BOX 182 NAPLES, FL 34109			Mailing Address 2430 VANDERBILT BEACH ROAD UNIT 108, BOX 182 NAPLES, FL 34109		
2. Principal Place of Business - No P.O. Box # 3870 Midshore Dr.		3. Mailing Address Suite, Apt. #, etc. c/o C. Chapman → Same			
City & State Naples FL		City & State Same		4. FEI Number 90-0244313	
Zip 34109		Country FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITELAW, JENNIFER L 3838 TAMiami TRAIL NORTH THIRD FLOOR NAPLES, FL 34103				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 re-registering) _____ DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			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 PD NAME CHAPMAN, CYNTHIA STREET ADDRESS 2430 VANDERBILT BEACH ROAD, #108-182 CITY-ST-ZIP NAPLES, FL 34109	<input type="checkbox"/> Delete		TITLE PD NAME CHAPMAN, CYNTHIA STREET ADDRESS 3870 MIDSHORE DR. CITY-ST-ZIP NAPLES, FL 34109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME O'CONNOR, ISABELLE STREET ADDRESS 2430 VANDERBILT BEACH ROAD, #108-182 CITY-ST-ZIP NAPLES, FL 34109	<input type="checkbox"/> Delete		TITLE SD NAME O'CONNOR, ISABELLE STREET ADDRESS 4421 CARROLLWOOD VILLAGE DR. CITY-ST-ZIP TAMPA, FL 33618	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME MCLAUGHLIN, NANCY STREET ADDRESS 2430 VANDERBILT BEACH ROAD, #108-182 CITY-ST-ZIP NAPLES, FL 34109	<input type="checkbox"/> Delete		TITLE T NAME MCLAUGHLIN, NANCY STREET ADDRESS 6945 AUTUMN WOODS BLVD. CITY-ST-ZIP Naples, FL 34109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<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 	<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 	<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>CYNTHIA O. CHAPMAN, PRES.</u>			(235) Date: <u>4-24-07</u> Daytime Phone #: <u>298-0437</u>		