

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000109301

Entity Name: SUNSET ENTERPRISES USA, INC.

FILED
Aug 23, 2005
Secretary of State

Current Principal Place of Business:

3212 PALM AVENUE
FORT MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

3212 PALM AVENUE
FORT MYERS, FL 33901 US

New Mailing Address:

FEI Number: 20-1861072

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDREW, BRUCE F
3212 PALM AVENUE
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

SMITH, ROBERT P
2331 SUNRISE BOULEVARD
FORT MYERS, FL 33907 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: ROBERT P SMITH

08/23/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANDREW, BRUCE F
Address: 3212 PALM AVENUE
City-St-Zip: FORT MYERS, FL 33901

Title: VPD () Delete
Name: ANDREW, SUSAN L
Address: 3212 PALM AVENUE
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BRUCE F ANDREW

PD

08/23/2005

Electronic Signature of Signing Officer or Director

Date