

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000129155

FILED
Apr 27, 2005
Secretary of State

Entity Name: SUN PROPERTIES MANAGEMENT SERVICES INC

Current Principal Place of Business:

4064 SE DIXIE ROSS ST.
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

4064 SE DIXIE ROSS ST.
STUART, FL 34997

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCAULIFFE, TIMOTHY D
4064 SE DIXIE ROSS ST.
STUART, FL 34997 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: MCAULIFFE, MICHAEL J
Address: 416 BOSTON COAST RD.
City-St-Zip: EAST MARLBOROUGH, MA 01752

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MCAULIFFE, TIMOTHY D
Address: 4064 SE DIXIE ROSS ST
City-St-Zip: STUART, FL 34997

Title: V PR () Change (X) Addition
Name: MCAULIFFE, MICHAEL J
Address: 416 BOSTON POST RD
City-St-Zip: EAST MARLBOROUGH, MA 01752

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: TIM MCAULIFFE

PRES

04/27/2005

Electronic Signature of Signing Officer or Director

Date