

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000144157

Entity Name: SUN-X CORPORATION

FILED
Jan 04, 2005
Secretary of State

Current Principal Place of Business:

681 SW TREASURE CV
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

832 SW LAKE CHARLES CIRCLE
PORT ST. LUCIE, FL 34986

Current Mailing Address:

681 SW TREASURE CV
PORT ST. LUCIE, FL 34986

New Mailing Address:

832 SW LAKE CHARLES CIRCLE
PORT ST. LUCIE, FL 34986

FEI Number: 20-1785326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, MICHAEL
681 SW TREASURE CV
PORT ST. LUCIE, FL 34986 US

Name and Address of New Registered Agent:

MILLER, MICHAEL
832 SW LAKE CHARLES CIRCLE
PORT ST. LUCIE, FL 34986 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: MICHAEL L MILLER

01/04/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOD () Delete
Name: MILLER, MICHAEL
Address: 681 SW TREASURE CV
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: EVD () Delete
Name: MILLER, EILEEN
Address: 681 SW TREASURE CV
City-St-Zip: PORT ST. LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOD (X) Change () Addition
Name: MILLER, MICHAEL
Address: 832 SW LAKE CHARLES CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: EVD (X) Change () Addition
Name: MILLER, EILEEN
Address: 832 SW LAKE CHARLES CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34986

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: MICHAEL L MILLER

CEOD

01/04/2005

Electronic Signature of Signing Officer or Director

Date