


FILED
Jun 04, 2007 8:00 am
Secretary of State

04-30-2007 90394 023 ****50.00
 06-04-2007 90011 032 ***100.00


**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000162769	
1. Entity Name TUSCAN SUN, INC.	

Principal Place of Business 2504 ABBIE ELIZABETH CT GULF BREEZE, FL 32563	Mailing Address 2504 ABBIE ELIZABETH CT GULF BREEZE, FL 32563
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DO NOT WRITE IN THIS SPACE

40119518



01162007 No Chg-P CRZE034 (11/05)

4. FEI Number 20-1902707	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOYLESTON-DELGADO, GINA
 2504 ABBIE ELIZABETH CT
 GULF BREEZE, FL 32563

**DO NOT WRITE
 IN THIS SPACE**

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 _____ DATE _____

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reissuing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P BOYLESTON-DELGADO, GINA 2504 ABBIE ELIZABETH CT GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V DELGADO, DARYL 2504 ABBIE ELIZABETH CT GULF BREEZE, FL 32563
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**DO NOT WRITE
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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 or other like empowered.

SIGNATURE: *Gina Boyleston-Delgado* 4/1/2007 8504340377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #