2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 08, 2006 8:00 am Secretary of State DOCUMENT # P05000000259 1. Entity Name 05-08-2006 90272 013 ***150.00 SUN-PAN ENTERPRISES, INC. Principal Place of Business Mailing Address 200 KEY DEER BLVD. 997 73RD STREET MARATHON FL 33050 UNIT B3 BIG PINE KEY FL 33043 US 2. Principal Place of Business 3. Mailing Address 997 73RO ST· Suite, Apt. # etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 20-2089029 MARATHON Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33050 USH 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOLLAND, KATHY Street Address (P.O. Box Number is Not Acceptable) 997 73RD STREET MARATHON FL 33050 City Zip Code 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. Lam familiar with, and accept Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete THLE ☐ Change ☐ Addition HOLLAND, TRUMAN N NAME NAME STREET ADDRESS 997 73RD STREET STREET ADDRESS CITY-ST-ZIP MARATHON FL 33050 CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition NAME HOLLAND, KATHY NAME 997 73RD STREET STREET ADDRESS. STREET ADDRESS CITY-ST-ZIP MARATHON FL 33050 CITY-ST-7IP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

Kathy Holland

Date

Daytime Phone #

FILED