

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 01, 2006 8:00 am**  
**Secretary of State**

09-01-2006 90001 042 \*\*\*150.00

<b>DOCUMENT # P05000010842</b> 1. Entity Name <b>SUNDAMERICA, INC.</b>					
Principal Place of Business <b>21800 PALO DURO BLVD</b> <b>NORTH FT MYERS, FL 33917</b>			Mailing Address <b>21800 PALO DURO BLVD</b> <b>NORTH FT MYERS, FL 33917</b>		
2. Principal Place of Business <b>2100 PALO DURO BLVD</b> Suite, Apt. #, etc.		3. Mailing Address <b>2100 PALO DURO BLVD</b> Suite, Apt. #, etc.			
City & State <b>NORTH FT MYERS FL</b> Zip <b>33917</b> Country <b>LEE</b>		City & State <b>NORTH FT. MYERS FL</b> Zip <b>33917</b> Country <b>LEE</b>		4. FEI Number <b>20-2328027</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>MOORE, STEVEN W</b> <b>C/O STEVEN W. MOORE, P.A.</b> <b>8200 BRYAN DAIRY ROAD STE 300</b> <b>LARGO, FL 33777</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DA</b> <b>CASTELLO, LOU</b> <b>2100 PALO DURO BLVD</b> <b>NORTH FT MYERS, FL 33917</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>LOUIS D. CASTELLO</b> <b>2100 PALO DURO BLVD</b> <b>NORTH FT. MYERS FL 33917</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.					
<b>SIGNATURE:</b> <b>LOUIS D. CASTELLO PRES</b> <b>8/23/06</b> <b>239-731-9595</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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