2008 FOR PROFIT CORPORATION

Apr 23, 2008 8:00 am Secretary of State **ANNUAL REPORT** 04-23-2008 90028 020 ***150.00 **DOCUMENT # P05000014233** SUNSET POINTE DEVELOPMENT 1, INC. 40077957 Principal Place of Business Mailing Address 1 COLLANY RD 1 COLLANY RD TIERRA VERDE, FL 33715 TIERRA VERDE, FL 33715 No Chg-P CR2E034 (11/05) 04172008 DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number Not Applicable 20-2237916 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ARSENAULT, KENNETH G JR 10225 ULMERTON RD SUITE 2 DO NOT WRITE LARGO, FL 33771 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MEDLEY, EDWARD NAME 1 COLLANY RD STREET ADDRESS TIERRA VERDE, FL 33715 CRY-ST-ZIP MLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 empoweled 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.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

NAME OF SIGNING OFFICER OR DIRECTOR

FILED