

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000081411

1. Entity Name
SUNSET POINTE DEVELOPMENT 3, INC.



Principal Place of Business
ONE COLLANY RD
TIERRE VERDE, FL 33715

Mailing Address
ONE COLLANY RD
TIERRE VERDE, FL 33715

**FILED
Apr 16, 2007 8:00 am
Secretary of State**

04-16-2007 90086 011 ***150.00



03232007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2954704	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ARSENault, KENNETH G JR
10225 ULMERTON RD STE 2
LARGO, FL 33771

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MEDLEY, EDWARD
STREET ADDRESS	ONE COLLANY RD
CITY-ST-ZIP	TIERRE VERDE, FL 33715

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/07

727-864-6847

Date

Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**