

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)



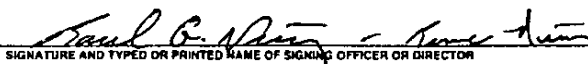
**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90054 009 \*\*\*150.00

**66004851**



1st MOORE CR2E034 (10/05)

<b>DOCUMENT # P05000124119</b>					
1. Entity Name <b>SUNDOWN'S SPORTS GRILL, INC.</b>					
Principal Place of Business <b>3580 EVANS AVENUE FORT MYERS FL 33901 US</b>			Mailing Address <b>1810 SEACREST AVENUE IMMOKALEE FL 33934 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-3445633</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>NUNEZ, RENE 1810 SEACREST AVENUE IMMOKALEE FL 33934</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 				DATE <b>2/3/06</b>	
(NOTE: Registered Agent signature required when re-registering)					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> Delete			
NAME	NUNEZ, RAUL				
STREET ADDRESS	1810 SEACREST AVE.				
CITY - ST - ZIP	IMMOKALEE FL 33934				
TITLE	VP	<input type="checkbox"/> Delete			
NAME	NUNEZ, RENE				
STREET ADDRESS	1810 SEACREST AVENUE				
CITY - ST - ZIP	IMMOKALEE FL 33934				
TITLE	T	<input checked="" type="checkbox"/> Delete			
NAME	NUNEZ, ROJELIO				
STREET ADDRESS	1810 SEACREST AVENUE				
CITY - ST - ZIP	IMMOKALEE FL 33934				
TITLE	S	<input checked="" type="checkbox"/> Delete			
NAME	NUNEZ, RAUL JR				
STREET ADDRESS	1810 SEACREST AVENUE				
CITY - ST - ZIP	IMMOKALEE FL 33934				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Rogelio Nunez				
STREET ADDRESS	1810 Seacrest Ave.				
CITY - ST - ZIP	Immokalee, FL 33934				
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Nunez, Raul Jr.				
STREET ADDRESS	1810 Seacrest Ave.				
CITY - ST - ZIP	Immokalee, FL 33934				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 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.					
SIGNATURE: 				DATE <b>2/3/06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	