

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90114 037 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # P05718**

1. Entity Name  
**SUNWAY INVESTMENTS, INC.**



**40040388**

Principal Place of Business  
 10985 CODY  
 SUITE 220  
 OVERLAND PARK, KS 66210 US

Mailing Address  
 10985 CODY  
 SUITE 220  
 OVERLAND PARK, KS 66210 US



01122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**43-1333604** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

RUBIN, STEVEN D.  
 980 NORTH FEDERAL HIGHWAY  
 SUITE 434  
 BOCA RATON, FL 33432

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PC
NAME	CULBERTSON, DONALD E
STREET ADDRESS	8 MOUNTAIN COVE ST.
CITY - ST - ZIP	HENDERSON, NV 89052
TITLE	C
NAME	KINDARD, KAREN
STREET ADDRESS	8 MOUNTAIN COVE ST.
CITY - ST - ZIP	HENDERSON, NV 89052
TITLE	S
NAME	THOMAS, KAREN J
STREET ADDRESS	10985 CODY SUITE 220
CITY - ST - ZIP	OVERLAND PARK, KS 66210
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
 IN THIS SPACE**

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

**3/23/06 913-345-2111**  
Date Daytime Phone #