

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

03-28-2006 90114 037 ***150.00

DOCUMENT # P05718

1. Entity Name
SUNWAY INVESTMENTS, INC.



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

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

40040388



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 _____

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, 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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PC
CULBERTSON, DONALD E
8 MOUNTAIN COVE ST.
HENDERSON, NV 89052**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**C
KINDARD, KAREN
8 MOUNTAIN COVE ST.
HENDERSON, NV 89052**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
THOMAS, KAREN J
10985 CODY SUITE 220
OVERLAND PARK, KS 66210**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 #