## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 07, 2007 8:00 am Secretary of State

AIIIOAE KEI OKI						, Secretary or State				
DOCUMENT # P06000033305  1. Entity Name SUNTEE, INC.						05-07-200	_			
Principal Place of Business 19 POMPANO AVENUE KEY LARGO, FL 33037		Mailing Address 19 POMPANO AVENUE KEY LARGO, FL 33037			4010	40107414				
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04192007	Chg-P	CR2E03	4 (12/06)		
City & State		City & State				4. FEI Number Applied For Not Applicable				
Zip Country		Zip Cou		ountry		of Status Desired	\$	8.75 Add	itional	
6 Name and Address of Current Berletoned Agent					7 Name and	Address of New				
6. Name and Address of Current Registered Agent				Name	7. Name and	Addiess of New	redistelen vi	Bent		
19 POMPA	CHIO, ANTHONY P ANO AVENUE GO, FL 33037				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	9	
B. 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 remarking)  DATE										
<u> </u>	Signature, typed or protect hatte or registered agest	and one is approprie	(NOTE negisi	re-en vite: it zitterme red	dringer wines can element		DATE			
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.					\$5.00 May Be Added to Fees					
10.	OFFICERS AND	DIRECTORS	1	1.	ADDITIONS/	CHANGES TO OF	FICERS AND I	DIRECTORS	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	D,P ANDRACCHIO, ANTHONY P 19 POMPANO AVENUE KEY LARGO, FL 33037	□ Def	N S	ITLE IAME STREET ADDRESS DITY-ST-ZIP				☐ Change	Addition .	
TITLE NAME STREET ADDRESS	A CONTRACTOR OF THE CONTRACTOR	□ Def	N	ITLE IAME STREET ADORESS				Change	Addition	
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NAME		☐ Del		IAME					□ vanitai:	
STREET ADDRESS				STREET ADDRESS					j	
CITY-ST-ZIP	•			CITY-SI-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.

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: