


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90087 042 \*\*\*150.00

<b>DOCUMENT # P31075</b> 1. Entity Name <b>SUNTAN CORPORATION AKTIENGESELLSCHAFT</b>					
Principal Place of Business <b>KEVIN M BURNS &amp; ASSOCIATES P.A.</b> <b>4507 SE 16TH PLACE</b> <b>CAPE CORAL, FL 33904 US</b>			Mailing Address <b>KEVIN M BURNS &amp; ASSOCIATES P.A.</b> <b>4507 SE 16TH PLACE</b> <b>CAPE CORAL, FL 33904 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>AYERS, ROBERT J.</b> <b>3536 SE 18TH AVE</b> <b>CAPE CORAL, FL 33904</b>				Name  Street Address (P.O. Box Number is Not Acceptable)   City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>RIGGENBACH, ANDREAS, DR.</b> <b>ENGELGASSE 102, 4042</b> <b>BASLE, SWITZERLAND,</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MARXER, PETER, DR.</b> <b>HEILIGKREUZ 6, 9490</b> <b>VADUZ, LEICHTENSTEIN,</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GOOP, PETER, DR.</b> <b>POSTFACH 484</b> <b>FURSTENTUN, LEICHTENS.</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE: <u>Andreas Riegenbach</u> <u>ADDREAS RIGGENBACH</u> <u>1/17/05</u> <u>(239)542-4102</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="display: flex; justify-content: space-between;"> <span><small>Date</small></span> <span><small>Daytime Phone #</small></span> </div>					

**50005359**



01142005 Chg-P CR2E034 (10/03)

4. FEI Number  
**98-0104887**

Applied For  
Not Applicable

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