

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90177 037 \*\*\*150.00

<b>DOCUMENT # P93000052325</b> 1. Entity Name <b>SUN MARKETING GROUP, INC.</b>			
Principal Place of Business <b>1956 DIARY RD</b> <b>W MELBOURNE, FL 32904 US</b>		Mailing Address <b>1956 DIARY ROAD</b> <b>W MELBOURNE, FL 32904 US</b>	
2. Principal Place of Business <b>1124 South Wickham Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>1124 South Wickham Rd</b> Suite, Apt. #, etc.	
City & State <b>W. Melbourne, FL.</b>		City & State <b>W. Melbourne FL.</b>	
Zip <b>32904</b>		Country <b>USA</b>	
4. FEI Number <b>59-3191868</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ANDERSON, J. PATRICK</b> <b>930 S. HARBOR CITY BLVD.</b> <b>SUITE 505</b> <b>MELBOURNE, FL 32901</b>		7. Name and Address of New Registered Agent  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>			
<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 Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>BOHNE, JOHN P</b> <b>131 LANSING ISLAND DR</b> <b>INDIAN HARBOR BEACH, FL 32937</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>MILLET, RAYMOND J JR</b> <b>2435 DEERCREEK LOB LOLLY LANE</b> <b>DEERFIELD BEACH, FL 33442</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>FOOR, ANDREW R</b> <b>2239 PINNACLE CIRCLE NORTH</b> <b>PALM HARBOR, FL 34684</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 or other like empowered.			
SIGNATURE:		4/26/05 321-723-0501	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	