2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 26, 2007 08:00 AM DOCUMENT # P94000049925 Secretary of State 1. Entity Namo SUNSET BUILDERS OF SOUTHWEST FLORIDA INC Principal Place of Business ... f .__ Mailing Address 689 S. COLLIER BLVD. MARCO ISLAND FL 34145 P.O. BOX 2631 MARCO ISLAND FL 34146 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc CR2E034 (10/06) 1st MOORE City & Stato City & State Applied For 4. FEI Number 65-0503819 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEONIA, KEITH Street Address (P.O. Box Number is Not Acceptable) 689 S. COLLIER BLVD. MARCO ISLAND FL 34145 Zip Code City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. D ☐ Delete Change Addition 🔲 MLE HHE LEONIA, KEITH NAME NAME 689 S. COLLIER BLVD. STREET ADDRESS STRUCT ADDRESS -025 150.00 MARCO ISLAND FL 34145 CITY - ST - ZIP CITY - ST-7IP ☐ Addition IIIIF ☐ Delete ☐ Change NAM STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY - ST-ZIP ☐ Change Addition HILLE Dolete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY ST ZIP ☐ Addillon ☐ Delete TITLE ☐ Change NAME MAME STRIFE I ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP ☐ Addition ☐ Delele TITLE ☐ Change THEF MALA NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST ZIP

I hereby certify that the information supplied with this filing does not flualify for the exemptions contained in Section 119, Florida Statutos. I further certify that the information indicated on this report or supplemental report is but and accordate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the corporation or the receiver or trusted proportion of the corporation or the receiver or trusted proportion of the corporation of the corporation or the receiver of trusted proportions in Block 10 or Block 11 if changed, or on an attachment with a dates, with all other like empowered.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED