



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90167 012 ***150.00

DOCUMENT # P95000007727																													
1. Entity Name SUNBURST REALTY, INC.																													
Principal Place of Business 999 FT. PICKENS ROAD UNIT 106 PENSACOLA, FL 32561			Mailing Address 1557 OAKSHORE DR GULF BREEZE, FL 32563																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02042008 Chg-P CR2E034 (12/06)																									
City & State		City & State		4. FEI Number 59-3296106																									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																									
SEPULVEDA, JOHN 966 VESTAVIA WAY GULF BREEZE, FL 32563				Name Street Address (P.O. Box Number is Not Acceptable) 6124 Saddle Club Rd. City Pace FL Zip Code 32571																									
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: <u>John Sepulveda, President</u> <u>4/30/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)</small>				DATE																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																									
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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: <u>John Sepulveda</u> <u>4/30/08</u> <u>850-324-4554</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE Daytime Phone #																									