


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000018270		
1. Entity Name THE SUNDG GROUP, INC.		
Principal Place of Business 89 CENTRAL SQ. SEASIDE, FL 32459		Mailing Address P.O. BOX 4692 SANTA ROSA BEACH, FL 32459
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WHITE, ROBERT A 180 CANAL ST SEAGROVE BEACH, FL 32459		DO NOT WRITE IN THIS SPACE
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> _____ DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		UD00000533360 05/06/06-80121-010 150.00
TITLE	PD	DO NOT WRITE IN THIS SPACE
NAME	WHITE, ROBERT A	
STREET ADDRESS	180 CANAL ST	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	
TITLE	STD	
NAME	WHITE, LINDA L	
STREET ADDRESS	180 CANAL ST	DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP	SEAGROVE BEACH, FL 32459	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-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.		
SIGNATURE: <u>Robert A. White</u> Robert A. White		04/11/06 850-231-5481
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>