

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90244 031 ***150.00

DOCUMENT # P95000043112

1. Entity Name
SUNOPTech, INC.



Principal Place of Business
8240 ULMERTON ROAD
LARGO, FL 33771 US

Mailing Address
8240 ULMERTON ROAD
LARGO, FL 33771 US

2. Principal Place of Business
1212 66 STREET NORTH

3. Mailing Address
1212 66 STREET NORTH

Suite, Apt. #, etc.

City & State
ST. PETERSBURG FL

City & State
ST. PETERSBURG FL

Zip
33710

Country
USA

Zip
33710

Country
USA



6. Name and Address of Current Registered Agent

YADLEY, GREGORY C
101 E. KENNEDY BLVD.
SUITE 2500
TAMPA, FL 33602

4. FEI Number
65-0593975

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KOSKI, ROBERT		NAME	
STREET ADDRESS 1500 W. UNIVERSITY PARKWAY		STREET ADDRESS	
CITY-ST-ZIP SARASOTA, FL 34236		CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> Delete	TITLE ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RISTORCELLI, PETER J		NAME RISTORCELLI, PETER J	
STREET ADDRESS 8240 ULMERTON RD		STREET ADDRESS 1212 66 STREET NORTH	
CITY-ST-ZIP LARGO, FL 33771		CITY-ST-ZIP ST. PETERSBURG FL 33710	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Peter J. Ristorcelli 1/12/06 (727) 381-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #