


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2006 8:00 am**  
**Secretary of State**

07-14-2006 90028 019 \*\*\*150.00

|  |                                      |   |   |   |  |
|--|--------------------------------------|---|---|---|--|
| <b>DOCUMENT # P95000048197</b><br>1. Entity Name<br><b>SUNLINER REALTY GROUP, INC.</b>   |                                      |   |   |  |  |
| Principal Place of Business<br><b>461 A1A BEACH BLVD<br/>SAINT AUGUSTINE, FL 32080</b>   |                                      |   | Mailing Address<br><b>461 A1A BEACH BLVD<br/>SAINT AUGUSTINE, FL 32080</b>  |   |  |
| 2. Principal Place of Business   |                                      | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |                                      | Suite, Apt. #, etc.   |   |   |  |
| City & State   |                                      | City & State  |   |   |  |
| Zip  | Country                              | Zip   | Country   | 07032006    Chg-P    CR2E034 (11/05)  |  |
| 4. FEI Number<br><b>59-3324309</b>   |                                      |   |   | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                                      |   |   | <b>\$8.75</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>JACOBS, PHILIP H<br/>356 S OCEAN TRACE RD<br/>ST AUGUSTINE, FL 32080</b>   |                                      |   | 7. Name and Address of New Registered Agent<br>Name <b>SAME</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>311 WEEF ROAD</b><br>City <b>ST AUGUSTINE</b> FL    Zip Code <b>32080</b> |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable    (NOTE: Registered Agent signature required when reinstating)    DATE</small>   |                                      |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 6, 2006</b>  |                                      | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00</b> May Be Added to Fees  |  |
| 10. OFFICERS AND DIRECTORS   |                                      |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE  | PSTD <input type="checkbox"/> Delete |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | JACOBS, PHILIP H                     |   | NAME  |   |  |
| STREET ADDRESS   | 461 A1A BCH BLVD                     |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | ST AUGUSTINE BEACH, FL 32084         |   | 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   |   |  |
| 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. |                                      |   |   |   |  |
| <b>SIGNATURE:</b> <i>Philip H Jacobs</i>   |                                      | Date <b>7/5/06</b>  |   | Daytime Phone # <b>904-461-5556</b>   |  |
| <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                                      |   |   |   |  |