



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 08:00 AM
Secretary of State

| | | | |
|--|-----------------------|--|---|
| DOCUMENT # P95000063445 | |  | |
| 1. Entity Name SUNDANCE REAL ESTATE, INC. | | | |
| Principal Place of Business 6502 SOUTH LAGOON DR. PANAMA CITY BEACH, FL 32408 | | Mailing Address P O BOX 9623 PANAMA CITY, FL 32417 | |
| DO NOT WRITE IN THIS SPACE | | | |
| | |  05032006 No Chg-P CR2E034 (11/05) | |
| | | 4. FEI Number 59-3330609 | Applied For <input type="checkbox"/> Not Applicable |
| | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | | DO NOT WRITE IN THIS SPACE |
| KINCAID, SHELIA R. 6804 S LAGOON DR PANAMA CITY BEACH, FL 32408 | | | |
| 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 restateing) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
| 10. OFFICERS AND DIRECTORS | | | DO NOT WRITE IN THIS SPACE |
| TITLE | PSTV | | |
| NAME | KINCAID, SHELIA R | | |
| STREET ADDRESS | 6804 S LAGOON DR | | |
| CITY-ST-ZIP | PANAMA CITY, FL 32408 | | |
| TITLE | | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | | |
| NAME | | | |
| STREET ADDRESS | | | |
| 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>Shelia R. Kincaid / Shelia R. Kincaid</u> 5-3-06 850-234-7368 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | |