## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT								
DOCUMENT # P95000070155			(A. 12)	FILED				
1. Entity Name FLORIDA SUN GROUP, INC.				(8)(6)(4) L. D. (6)(4)(4)				
1201001	out officer, mo.				06	JUL 24	Pil 2: 20	
Principal Place		Mailing Address		1.2	JEU TALL	ine. Althorne	1.000	
441 N DEL P. #9		441 N DEL PRADO BLVD. #9	0	HAK		***************************************	1 UniJA	
CAPE CORAL, FL 33909 US CAPE CORAL, FL 33909 US								
				07212006	100 400 No Chg-P	CR2E034	9 \$150.0 (11/05)	
DO NOT WRITE IN THIS SPAC				4. FEI Numbe	et .		Applied For	
				65-061			Not Applicable	
				5. Certificate	of Status Desired		3.75 Additional e Required	
	6. Name and Address of Current Re	gistored Agent						
SOYKE, GISELA 441 N DEL PRADO BLVD.				DO	NOT V	VRITE		
#9	"	IN THIS SPACE						
CAPE CORAL, FL 33909				F 1 7	iriio o	rmuc		
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 Signature, typed or printed name of registered agent and title if applicable (NOT). Registered Agent signature required when reinstating).  DATE								
	E NOW!!! FEE IS \$550.00	9. Election Campaign Finar		5. <b>00</b> May Be				
	e by September 6, 2006	Trust Fund Contribution	☐ Ad	ded to Fees				
TITLE	OFFICERS AND DI	RECTORS	ł					
NAME	SOYKE, GISELA							
STREET ADDRESS CITY-ST-ZIP	441 N DEL PRADO BLVD CAPE CORAL, FL 33909							
TITLE			1	20 09/01	)DO78: /0801039	22354	12 *400 00	
NAME STREET AUDRESS				المدلية الإطباقية	iwa wawa	a www t	7 7001 00	
CITY-ST-ZIP								
TITLE NAME								
STREET ADDRESS				no	NOT V	WRITE		
CITY-ST-ZIP			-		THIS S			
NAME				112	CCINS	PAUE		
STREET ADDRESS CITY-ST-ZIP								
TITLE			1					
STREET ADDRESS								
CITY-S1-ZIP								
TITLE NAME			1					
STREET ADDRESS CITY-ST-ZIP								
12. Thereby of indicated	rertify that the information supplied with the on this report or supplemental report is trooration or the receiver or trustee empower.	ue and accurate and that my signa	ture shall have the	e same legal effer	ct as if made unde	er oath, that I am	an officer or director	
of the corporation of 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: JUNE OF PRINTED PAYE OF SIGNING OFFICER OR DIRECTOR Date Of Date Program Pr								