

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000087035

FILED  
May 03, 2007  
Secretary of State

Entity Name: SUN CAPITAL ADVISORS, INC.

**Current Principal Place of Business:**

5200 TOWN CENTER CIRCLE, STE. #470  
BOCA RATON, FL 33486 US

**New Principal Place of Business:**

**Current Mailing Address:**

5200 TOWN CENTER CIRCLE, STE. #470  
BOCA RATON, FL 33486 US

**New Mailing Address:**

FEI Number: 65-0624186      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DCS ( ) Delete  
Name: KROUSE, RODGER R  
Address: 5200 TOWN CENTER CIRCLE, STE. #470  
City-St-Zip: BOCA RATON, FL 33486 US

Title: DCT ( ) Delete  
Name: LEDER, MARC J  
Address: 5200 TOWN CENTER CIRCLE, STE. #470  
City-St-Zip: BOCA RATON, FL 33486 US

Title: MD ( ) Delete  
Name: TERRY, CLARENCE E  
Address: 5200 TOWN CENTER CIRCLE, STE. #470  
City-St-Zip: BOCA RATON, FL 33486 US

Title: MD ( ) Delete  
Name: KING, THOMAS S  
Address: 5200 TOWN CENTER CIRCLE, STE. #470  
City-St-Zip: BOCA RATON, FL 33486 US

Title: SVGC ( ) Delete  
Name: COUCH, C. DERYL  
Address: 5200 TOWN CENTER CIRCLE, STE. #470  
City-St-Zip: BOCA RATON, FL 33486 US

Title: SVP ( ) Delete  
Name: CALHOUN, KEVIN  
Address: 5200 TOWN CENTER CIRCLE, STE. #470  
City-St-Zip: BOCA RATON, FL 33486 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT KING

MD

05/03/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date