


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90194 043 ***150.00

DOCUMENT # P96000071460		
1. Entity Name SUNDANCE REFERRAL, INC.		

Principal Place of Business 24520 PRODUCTION CIR STE 3 BONITA SPRINGS, FL 34135 US	Mailing Address 24520 PRODUCTION CIR STE 3 BONITA SPRINGS, FL 34135 US
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2. Principal Place of Business 24520 Production Circle Suite, Apt. #, etc. Ste. #3 City & State Bonita Springs, FL 34135 Zip Country 34135 USA	3. Mailing Address 24520 Production Circle Suite, Apt. #, etc. Ste. #3 City & State Bonita Springs, FL 34135 Zip Country 34135 USA
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04252006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3398141	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GALLIMORE, SANDRA C 24520 PRODUCTION CIRCLE STE 3 BONITA SPRINGS, FL 34135

7. Name and Address of New Registered Agent
Name Renay A. Montague
Street Address (P.O. Box Number is Not Acceptable) 24520 Production Circle, Ste. #3
City Bonita Springs FL Zip Code 34135

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 Renay A. Montague (D-P-VP-S-T)	DATE 3/31/06
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLIMORE, SANDRA C 24520 PRODUCTION CIRCLE STE 3 BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROACH, DOROTHY J 24520 PRODUCTION CIRCLE STE 3 BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Montague, Renay A 24520 Production Circle Ste 3 Bonita Springs, FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Renay A. Montague	DATE: 3/31/06	DAYTIME PHONE #: 239-947-4907
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR