

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P96000071460

1. Entity Name  
**SUNDANCE REFERRAL, INC.**



Principal Place of Business  
**24520**  
**24520 PRODUCTION CIR**  
STE 3  
BONITA SPRINGS, FL 34135 US

Mailing Address  
**24520**  
**24520 PRODUCTION CIR**  
STE 3  
BONITA SPRINGS, FL 34135 US

2. Principal Place of Business  
**24520 Production Circle**  
Suite, Apt. #, etc.  
**Ste. #3**  
City & State  
**Bonita Springs, FL 34135**  
Zip **34135** Country **USA**

3. Mailing Address  
**24520 Production Circle**  
Suite, Apt. #, etc.  
**Ste. #3**  
City & State  
**Bonita Springs, FL 34135**  
Zip **34135** Country **USA**

04252006 Chg-P CR2E034 (11/05)



4. FEI Number  
**59-3398141**  
Applied For  
Not Applicable

5. Certificate of Status Desired  **\$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

Name  
**Renay A. Montague**  
Street Address (P.O. Box Number is Not Acceptable)  
**24520 Production Circle, Ste. #3**

City **Bonita Springs** FL **34135** Zip Code

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)**

3/31/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> GALLIMORE, SANDRA C 24520 PRODUCTION CIRCLE STE 3 BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D</b> 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	<b>D</b> ROACH, DOROTHY J 24520 PRODUCTION CIRCLE STE 3 BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/06

239-947-4907

Date

Daytime Phone #