

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000008804**

1. Entity Name  
**SUNSET COVE CORPORATION**



Principal Place of Business  
**4568 WILDEWOOD DR.  
 DELRAY BEACH, FL 33445**

Mailing Address  
**4568 WILDWOOD DRIVE  
 DELRAY BEACH, FL 33445**

**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**02-0607689**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**REINISCH, HANS  
 4568 WILDWOOD DRIVE  
 DELRAY BEACH, FL 33445**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE **03/07/07-80071-021 150.00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

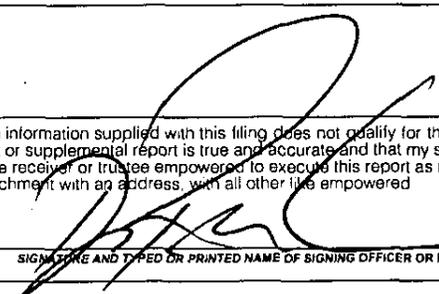
**FILE NOW!!! FEES \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

Trust Fund Contribution.  Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REISS ENGELHARDT, ALFONS 33A SANDY BAY RD CALLANDER ONTARIO CANADA, P0H 1H0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REISS, PIA 33A SANDY BAY RD CALLANDER ONTARIO CANADA, P0H 1H0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REINISCH, HANS DR 4568 WILDEWOOD DR. DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 fees empowered.

SIGNATURE:  DATE **1/30/07** DAYTIME PHONE # **561 9930099**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR