## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

TITLE NAME STREET ADDRESS CITY-ST-ZIP

changed, or on an attachment with

## Apr 27, 2005 08:00 AM Secretary of State **DOCUMENT # P97000015821** 1. Entity Name SUNLAKE CORP. Principal Place of Business Mailing Address 1001 E ATLANTIC AVE. 1001 E ATLANTIC AVE. STE. 202 STE. 202 DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 01102005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0729180 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 Signature, typed or printed name of registered agent and little if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE WALSH, MARK NAME STREET ADDRESS 1001 E ATLANTIC AVE., STE. 202 CITY-ST-ZIP DELRAY BEACH, FL 33483 UNIONUS 5157-009 04/27/05-80075-009 TITLE WALSH, MICHAEL NAME STREET ADDRESS 1001 E ATLANTIC AVE., STE, 202 CITY-ST-ZIP DELRAY BEACH, FL 33483 TITLE NAME WALSH, WILLIAM STREET ADDRESS 1000 MARKET ST., STE, 300 DO NOT WRITE CITY-ST-ZIP PORTSMOUTH, NH 03801 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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

**FILED**