2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000019439

1. Entity Name

SUNSET ENTERTAINMENT GROUP, INC.



Principal Place of Business

1420 N. SWINTON AVENUE DELRAY BEACH, FL 33444 Mailing Address

85 SE 4TH AVE #104 DELRAY BEACH, FL 33483

FILED Apr 28, 2006 8:00 am Secretary of State

04-28-2006 90169 017 ***150.00

40069210



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

04252006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

5. Certificate of Status Desired

59-3418805

\$8.75 Additional Fee Required

Not Applicable

FERRER, JOSEPH E
1420 N. SWINTON AVENUE

DO NOT WRITE

DELRAY BEACH, FL 334	144	IN THIS SPACE
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3		

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 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 Finan- Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees				
10. OFFICERS AND DI	RECTORS						
TITLE DP NAME FERRER, JOSEPH E STREET ADDRESS 1420 N. SWINTON AVENUE CITY-ST-ZIP DELRAY BEACH, FL 33444							
TITLE STD NAME FERRER, MARJORIE STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33444	FERRER, MARJORIE s 1420 N. SWINTON AVENUE						
TITLE NAME STREET ADDRESS CHTY-ST-ZIP DO NOT WRITE							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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12. I hereby certify that the information supplied with this filling 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:

OTTYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.02

Daytime Phone #