

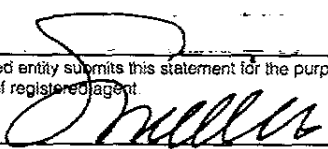
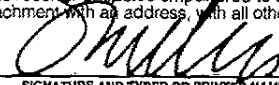


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000033804 1. Entity Name SUNDANCE CONSULTANTS, INC.			
Principal Place of Business 850 3RD ST CEDAR KEY, FL 32625		Mailing Address P O BOX 265 CEDAR KEY, FL 32625	
DO NOT WRITE IN THIS SPACE			
			
		03242004 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-3441484		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, SHRADER 850 3RD ST CEDAR KEY, FL 32625		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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		1000000138094 04/29/04-80066-017 150.00	
TITLE	D	DO NOT WRITE IN THIS SPACE	
NAME	MILLER, SHRADER		
STREET ADDRESS	850 3RD ST		
CITY-ST-ZIP	CEDAR KEY, FL 32625		
TITLE	D		
NAME	WRIGHT, KATHLEEN		
STREET ADDRESS	850 3RD ST	DO NOT WRITE IN THIS SPACE	
CITY-ST-ZIP	CEDAR KEY, FL 32625		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		DO NOT WRITE IN THIS SPACE	
NAME			
STREET ADDRESS			
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STREET ADDRESS		DO NOT WRITE IN THIS SPACE	
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		4/19/04 752 543-6323	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	