



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90019 028 \*\*\*150.00

<b>DOCUMENT # P98000046665</b> 1. Entity Name <b>SUNGOLD JEWELRY OF BREVARD, INC.</b>					
Principal Place of Business <b>1910-B HWY A1A INDIAN HARBOUR BEACH, FL 32937</b>			Mailing Address <b>1910-B HWY A1A INDIAN HARBOUR BEACH, FL 32937</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>520 Palm Springs Blvd. APT. 210</b>			
City & State		City & State <b>Indian Harbour Bch, FL</b>		4. FEI Number <b>59-3520564</b>	
Zip <b>32937</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SUNGUR, SAIT 1910-B HWY A1A INDIAN HARBOUR BEACH, FL 32937</b>				7. Name and Address of New Registered Agent Name <b>SAIT SUNBUR</b> Street Address (P.O. Box Number is Not Acceptable) <b>520 PALM SPRINGS BLVD.</b> <b>APT. 210</b> City <b>Ind. Harb. Bch. FL</b> Zip Code <b>32937</b>	
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 <u>Sait Sunbur</u> <u>2-21-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUNGUR, SAIT 520 PALM SPRINGS BLVD. #210 INDIAN HARBOUR BEACH, FL 32937	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Sait Sunbur</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>2-21-06</u> <small>Date Daytime Phone #</small>		