

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2007 8:00 am
Secretary of State

08-20-2007 90056 018 ***550.00

DOCUMENT # P98000082698					
1. Entity Name SUNSTATES MANAGMENT OF PALM BEACH, INC.					
Principal Place of Business 2400 CENTREPARK WEST DRIVE SUITE 175 WEST PALM BEACH, FL 33409 US			Mailing Address 125 W INDIANTWON RD 205 JUPITER, FL 33458 US		
2. Principal Place of Business - No P.O. Box # 125 W INDIANTOWN ROAD Suite, Apt. #, etc. 205			3. Mailing Address Suite, Apt. #, etc.		
City & State JUPITER, FL 33458			City & State		
Zip		Country		4. FEI Number 62-1744665	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOWLER, RICHARD K 2400 CENTREPARK WEST DRIVE SUITE 175 WEST PALM BEACH, FL 33409			7. Name and Address of New Registered Agent Name FOWLER, RICHARD K Street Address (P.O. Box Number is Not Acceptable) 125 W INDIANTOWN ROAD SUITE 205 City JUPITER FL Zip Code 33458		
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>Richard K Fowler</u> 8/15/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME FOWLER, RICHARD K STREET ADDRESS 3400 -C WEST WENDOVER AVENUE CITY-ST-ZIP GREENSBORO, NC 27407	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME BALLING, THOMAS L STREET ADDRESS 8445 SOUTHEAST BAYBERRY TERRACE CITY-ST-ZIP HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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>Richard K Fowler</u> RICHARD K. FOWLER 8/15/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		