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Secretary of State

05-05-1999 90034 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000102410					
1. Corporation Name SUNSPRAY SYSTEMS INC.					
Principal Place of Business 4463 WINNERS CIR. UNIT #1416 SARASOTA FL 34238			Mailing Address 4463 WINNERS CIR. UNIT #1416 SARASOTA FL 34238		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 401 OCEAN DR. Suite, Apt. #, etc. 22 City & State 23 Juno Beach, FL. Zip 24 33408			2a. Mailing Address 26 P.O. Box 1274 Suite, Apt. #, etc. 27 City & State 28 Jupiter, FL. Zip 29 33468		
3. Date Incorporated or Qualified 12/07/1998			4. FEI Number 105-0904054		
5. Certificate of Status Desired <input type="checkbox"/>			Applied For Not Applicable		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			\$8.75 Additional Fee Required \$5.00 May Be Added to Fees		
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Name and Address of Current Registered Agent FIGUEROA, PAUL A 4463 WINNERS CIR. UNIT #1416 SARASOTA FL 34238			10. Name and Address of New Registered Agent 81 Name PAUL A. FIGUEROA 82 Street Address (P.O. Box Number is Not Acceptable) 401 OCEAN DR. 83 84 City Juno Beach FL 85 Zip Code 33408		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Paul A. Figueroa PAUL A. FIGUEROA PRESIDENT 5-20-99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS TITLE PRESIDENT <input checked="" type="checkbox"/> DELETE NAME PAUL A. FIGUEROA STREET ADDRESS 4463 WINNERS CIR UNIT #1416 CITY-ST-ZIP SARASOTA, FL. 34238			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME PAUL A. FIGUEROA 1.3 STREET ADDRESS P.O. Box 1274 1.4 CITY-ST-ZIP Jupiter, FL. 33468		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Paul A. Figueroa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-26-99
630-9887
Daytime Phone #

CR2E034 (11/98)