2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000099442

1. Entity Name
SUNDANCE AVIATION ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2655 FERNWOOD LANE LABELLE, FL 33935	PO BOX 1777 LABELLE, FL 33975

DO NOT WRITE IN THIS SPACE

07052006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0961203	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

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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 **Due by September 6, 2006**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.   OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	ALVEY, KEN J
STREET ADDRESS	2655 FERNWOOD LANE
CITY-ST-ZIP	LABELLE, FL 33935

U00000568633
07/10/06-80001-015 150.00

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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: _____   7-3-06   863-673-8230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #