2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90382 039 ***150.00

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1. Entity Name
SINN CORPORATION

Principal Place of Business	Mailing Address
6650 GULF BLVD SAINT PETERSBURG, FL 33706	6650 GULF BLVD SAINT PETERSBURG, FL 33706

04282006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
1135 Pasadena Av. S.		1135 Pasadena Av. S.	
Suite, Apt. #, etc.: #250		Suite, Apt. #, etc.: #250	
City & State: S Pasadena, FL		City & State: S Pasadena, FL	
Zip: 33707	Country: USA	Zip: 33707	Country: USA

4. FEI Number: 59-3611839 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MALLER, KAREN E ESQ. ONE PROGRESS PLAZA, SUITE 1210 ST. PETERSBURG, FL 33701	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINN, KLAUS 6650 GULF BLVD ST. PETE BEACH, FL 33706	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1135 Pasadena Av. S. #250 S. Pasadena, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINN, ROSWITHA 6650 GULD BLVD ST. PETE BEACH, FL 33706	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1135 Pasadena Av. S. #250 S. Pasadena, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Klaus Sinn President — Klaus Sinn 4/28/06 727-347-6261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #