


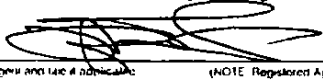

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90119 042 \*\*\*150.00



1st MOORE CR2E034 (10/05)

|  |                                   |  |   |
|--|-----------------------------------|--|---|
| <b>DOCUMENT # S26459</b>   |                                   |         |   |
| 1. Entity Name<br><b>SUNSTATE MANAGEMENT OF GAINESVILLE, INC.</b>  |                                   |  |   |
| Principal Place of Business<br><b>5230 SW 91ST DRIVE<br/>SUITE C<br/>GAINESVILLE FL 32608<br/>US</b>   |                                   | Mailing Address<br><b>5230 SW 91ST DRIVE<br/>SUITE C<br/>GAINESVILLE FL 32608<br/>US</b> |   |
| 2. Principal Place of Business   |                                   | 3. Mailing Address   |   |
| Suite, Apt. #, etc.  |                                   | Suite, Apt. #, etc.  |   |
| City & State   |                                   | City & State   |   |
| Zip  | Country                           | Zip  | Country   |
| 4. FEI Number<br><b>59-3040340</b>   |                                   | Applied For<br><input type="checkbox"/> Not Applicable                                   |   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |                                   |  |   |
| 6. Name and Address of Current Registered Agent<br><b>LESLIE, ROGER W<br/>5230 SW 91ST DRIVE<br/>SUITE C<br/>GAINESVILLE FL 32608</b>  |                                   | 7. Name and Address of New Registered Agent  |   |
| Name   |                                   | Name   |   |
| Street Address (P.O. Box Number is Not Acceptable)   |                                   | 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    |                                   | DATE   |   |
| Signature typed in printed name of registered agent and use of initials (NOTE: Registered Agent signature required when reinstating)   |                                   |  |   |
| <b>FILE NOW!!! FEE IS \$150.00</b>   |                                   | 9. Election Campaign Financing <b>\$5.00 May Be</b>                                      |   |
| <b>After May 1, 2006 Fee Will Be \$550.00</b>  |                                   | Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>                   |   |
| <b>Make Check Payable to Florida Department of State</b>   |                                   |  |   |
| 10. OFFICERS AND DIRECTORS   |                                   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                    |   |
| TITLE  | P <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | LESLIE, ROGER W                   | NAME   |   |
| STREET ADDRESS   | 5230 SW 91ST DR STE C             | STREET ADDRESS   |   |
| CITY-ST-ZIP  | GAINESVILLE FL 32608              | CITY-ST-ZIP  |   |
| TITLE  | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                   | NAME   |   |
| STREET ADDRESS   |                                   | STREET ADDRESS   |   |
| CITY-ST-ZIP  |                                   | CITY-ST-ZIP  |   |
| TITLE  | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                   | NAME   |   |
| STREET ADDRESS   |                                   | STREET ADDRESS   |   |
| CITY-ST-ZIP  |                                   | CITY-ST-ZIP  |   |
| TITLE  | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                   | NAME   |   |
| STREET ADDRESS   |                                   | STREET ADDRESS   |   |
| CITY-ST-ZIP  |                                   | CITY-ST-ZIP  |   |
| TITLE  | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                   | NAME   |   |
| STREET ADDRESS   |                                   | STREET ADDRESS   |   |
| CITY-ST-ZIP  |                                   | CITY-ST-ZIP  |   |
| TITLE  | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                   | NAME   |   |
| STREET ADDRESS   |                                   | STREET ADDRESS   |   |
| CITY-ST-ZIP  |                                   | CITY-ST-ZIP  |   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:    |                                   | 3-29-06 3523776828   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                                   | Date Daytime Phone #   |   |