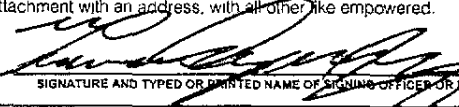


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # S45038 1. Entity Name SUN MORTGAGE OF THE PALM BEACHES, INC.			
Principal Place of Business 2084 ARDLEY RD JUNO ISLES, FL 33408 US		Mailing Address 2084 ARDLEY RD JUNO ISLES, FL 33408 US	
DO NOT WRITE IN THIS SPACE			
			
		01232006 No Chg-P CR2E034 (11/05)	
4. FEI Number 65-0254168		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WAJDOWICZ, THOMAS E. 2084 ARDLEY ROAD JUNO ISLES, FL 33408		DO NOT WRITE IN THIS SPACE	
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		DO NOT WRITE IN THIS SPACE UN00000409442 02/08/06-80098-022 150.00	
TITLE NAME STREET ADDRESS CITY ST ZIP	D WAJDOWICZ, THOMAS E 2084 ARDLEY RD. JUNO ISLES, FL		
TITLE NAME STREET ADDRESS CITY ST ZIP	P WAJDOWICZ, THOMAS E. 2084 ARDLEY RD JUNO ISLES, FL		
TITLE NAME STREET ADDRESS CITY ST ZIP	VP WAJDOWICZ, THOMAS E. 2084 ARDLEY RD JUNO ISLES, FL		
TITLE NAME STREET ADDRESS CITY ST ZIP	ST WAJDOWICZ, THOMAS E. 2084 ARDLEY ROAD JUNO ISLES, FL		
TITLE NAME STREET ADDRESS CITY ST ZIP			
TITLE NAME STREET ADDRESS CITY ST ZIP			
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: 		THOMAS WAJDOWICZ 1/26/07 (561) 775-3166	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	