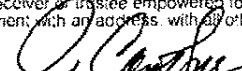


FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # S91340				Secretary of State	
1. Entity Name SECRET SUN, INC.					
Principal Place of Business 6100 W FAIRFIELD DR PENSACOLA, FL 32505 US		Mailing Address 207 W ROMAND ST. PENSACOLA, FL 32502 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt #, etc		Suite, Apt #, etc		02072007 Chg-P CR2E034 (12/06)	
City & State		City & State		4. FEI Number 59-3099841	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired ☐		8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CANTAVESPRE, PATRICIA 207 WEST ROMANA ST. PENSACOLA, FL 32502			7. Name and Address of New Registered Agent		
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 fee applicable. (NOTE: Registered Agent's signature required when re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		
10.1 TITLE: D NAME: CANTAVESPRE, PATRICIA STREET ADDRESS: 207 W. ROMANA ST CITY-STATE-ZIP: PENSACOLA, FL 32502 ☐ Delete			11.1 TITLE: ☐ Change ☐ Addition NAME: U000000668765 STREET ADDRESS: 03/27/07-80043-025 150.00 CITY-STATE-ZIP: ☐ Change ☐ Addition		
10.2 TITLE: ☐ Delete NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-STATE-ZIP: ☐ Change ☐ Addition			11.2 TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-STATE-ZIP: ☐ Change ☐ Addition		
10.3 TITLE: ☐ Delete NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-STATE-ZIP: ☐ Change ☐ Addition			11.3 TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-STATE-ZIP: ☐ Change ☐ Addition		
10.4 TITLE: ☐ Delete NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-STATE-ZIP: ☐ Change ☐ Addition			11.4 TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-STATE-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 any other like empowered					
SIGNATURE: 		3.14.07		(850) 432-7378	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Business Phone #	