
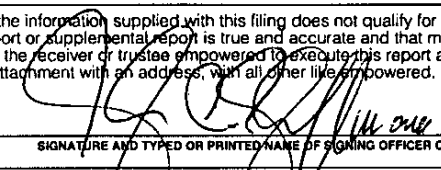


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90151 011 \*\*\*150.00

<b>DOCUMENT # V08056</b> 1. Entity Name <b>SUNDANCE PROPERTY MANAGEMENT CORPORATION</b>			
Principal Place of Business <b>11510 W SAMPLE RD #5 CORAL SPGS, FL 33065 US</b>		Mailing Address <b>11510 W SAMPLE RD #5 CORAL SPGS, FL 33065 US</b>	
2. Principal Place of Business <b>11404 W. Sample Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>11404 W. Sample Rd.</b> Suite, Apt. #, etc.	
City & State <b>Coral Springs, FL</b> Zip <b>33065</b> Country <b>USA</b>		City & State <b>Coral Springs, FL</b> Zip <b>33065</b> Country <b>USA</b>	
4. FEI Number <b>65-0339208</b>		Applied For <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  <b>STOUTT, GLENN R., III 11510 W SAMPLE RD #5 CORAL SPGS, FL 33065</b>		7. Name and Address of New Registered Agent Name <b>Glenn R. Stoutt, III CEO</b> Street Address (P.O. Box Number is Not Acceptable) <b>11404 W. Sample Rd</b> City & State <b>Coral Springs FL</b> Zip Code <b>33065</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO STOUTT, GLENN R., III <del>11510 W SAMPLE RD STE 5</del> CORAL SPG, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11404 W. SAMPLE RD.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAWRENCE, JEFF <input checked="" type="checkbox"/> Delete 11510 W SAMPLE RD # 5 CORAL SPRINGS, FL 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.			
<b>SIGNATURE:</b> 		Date <b>2-14-05</b> Daytime Phone # <b>954-255-6993</b>	