## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V10810

SURFSIDE, FL 33154

City-St-Zip:

Entity Name: SUNBURST HOLDING CORP.

FILED Apr 26, 2007 Secretary of State

|   | OONDON   | ST HOLDING CORT.              |   |  |  |
|---|--|-------------------------------|---|--|--|
| Current Principal Place of Business:          |  |                               | New Principal Place of                      | New Principal Place of Business:             |  |
|   | AFFER<br>RIDAN AVENU<br>ACH, FL 33140                    |                               |   |  |  |
| Current Mailing Address:                      |  |                               | New Mailing Address                         | New Mailing Address:                         |  |
|   | AFFER<br>RIDAN AVENU<br>ACH, FL 33140                    |                               |   |  |  |
| FEI Number                                    | : 65-0309299   | FEI Number Applied For ( )    | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: |  |                               | Name and Address of                         | Name and Address of New Registered Agent:    |  |
| 8855 COL                                      | R, STUART<br>LIN AVE #3D<br>E, FL 33154                  | US                            |   |  |  |
|   | e named entity s<br>e of Florida.                        | ubmits this statement for the | purpose of changing its registered          | office or registered agent, or both,         |  |
| SIGNATUI                                      | RE:  |                               |   |  |  |
|   | Electroni  | c Signature of Registered Ag  | gent  | Date   |  |
| Election Ca                                   | mpaign Financing   | Trust Fund Contribution ( ).  |   |  |  |
| OFFICERS AND DIRECTORS:                       |  |                               | ADDITIONS/CHANGE                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | PSTD ()<br>SHAFFER, L<br>3732 SHERIDAN<br>MIAMI BEACH, F | =                             | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:                   | V ()<br>SHAFFER, STUA<br>8855 COLLINS                    |                               | Title:<br>Name:<br>Address:                 | ()Change ()Addition                          |  |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STUART SHAFFER V 04/26/2007