


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 08:00 AM
Secretary of State

DOCUMENT # F04000003141
 1. Entity Name
 SUNSERI NATIONAL SETTLEMENT, INC.



| | |
|---|---|
| Principal Place of Business 333 ALLEGHENY AVE OAKMONT, PA 15139 | Mailing Address 333 ALLEGHENY AVE OAKMONT, PA 15139 |
|---|---|



03122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 20-0418852 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
 1203 GOVERNORS SQUARE BLVD
 SUITE 101
 TALLAHASSEE, FL 32301-2960

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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


U00000681204
 04/04/07-80032-019 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SUNSERI, GUSTY AE 300 ALLEGHENY RIVER BLVD OAKMONT, PA 15139 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SUNSERI, GUSTY AE 300 ALLEGHENY RIVER BLVD OAKMONT, PA 15139 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SUNSERI, GUSTY AE 300 ALLEGHENY RIVER BLVD OAKMONT, PA 15139 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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 fee empowered.

SIGNATURE:  **3/22/07** 412-800-2323
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #