

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M17386

FILED
Jan 05, 2007
Secretary of State

Entity Name: SUNBELT CORPORATE CENTER II, INC.

Current Principal Place of Business:

220 CONGRESS PARK DR
SUITE 215
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

Current Mailing Address:

220 CONGRESS PARK DRIVE
SUITE 215
DELRAY BEACH, FL 33445 US

New Mailing Address:

FEI Number: 59-2547124 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSTON, SHEPHERD D.
220 CONGRESS PARK DR., STE 215
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MANN, HUGO,
Address: 220 CONGRESS PK DR #215
City-St-Zip: DELRAY BEACH, FL

Title: PD () Delete
Name: JOHNSTON, SHEPHERD D
Address: 220 CONGRESS PARK DR 215
City-St-Zip: DELRAY BEACH, FL

Title: SVP () Delete
Name: FALVEY, STEPHEN T
Address: 220 CONGRESS PK DR #215
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: MANN, JOHANNES
Address: 220 CONGRESS PK DR #215
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: FIRNGES, HANS,
Address: 220 CONGRESS PK DR #215
City-St-Zip: DELRAY BCH., FL

Title: D () Delete
Name: REEVES, RICHARD M
Address: 200 CONGRESS PARK DRIVE # 215
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SHEPHERD D. JOHNSTON

PRES

01/05/2007

Electronic Signature of Signing Officer or Director

_____ Date