2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752785

FILED Apr 19, 2005 Secretary of State

Entity Name: SUNNY SHORES SEA CAMP, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
100 WEST 700	CYPRESS CREEK RD				
	JDERDALE, FL 33309 L	JS			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
100 WEST	CYPRESS CREEK RD				
700 FORT LAL	JDERDALE, FL 33309 L	JS			
FEI Number:	: 59-2029332 FEI Number	Applied For () FEI	Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Current Regi	stered Agent:	Name and Address	of New Registered Agent:	
MCKEY. R	OBERT, JR.,M.D.				
4950 LEJU	JENE ROAD				
JURAL G	ABLES, FL 33146 US				
The above	named entity submits this s	statement for the purpos	se of changing its registere	ed office or registered agent, or both,	
	e of Florida.				
SIGNATU	RE:				
	Electronic Signature	of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title:	PD () Delete		Title:	() Change () Addition	
√ame: √ddress:	MUNSEY, DANA PO BOX 570674 N/A		Name: Address:		
City-St-Zip:	MIAMI, FL		City-St-Zip:		
Title:	D () Delete		Title:	() Change () Addition	
Name: Address:	MOCCIA-LOOS, GINA 4299 FOX TRACE		Name: Address:		
City-St-Zip:	BOYNTON BEACH, FL 33436		City-St-Zip:		
Γitle:	D () Delete		Title:	() Change () Addition	
Vame:	MCKEY, ROBERT J M.D. 4950 LEJEUNE RD		Name: Address:		
\ddress: City-St-Zip:	CORAL GABLES, FL		City-St-Zip:		
Γitle:	VTD () Delete		Title:	() Change () Addition	
Name:	LOOS, EDMUND O III		Name:		
Address: Dity-St-Zip:	4299 FOX TRACE BOYNTON BEACH, FL 33436		Address: City-St-Zip:		
-				() Ohanna () Addition	
Γitle: √ame:	SD () Delete BROMBACH, KAREN		Title: Name:	() Change () Addition	
Address:	12525 79 ST		Address:		
City-St-Zip:	FELLSMERE, FL 32948		City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDMUND O. LOOS III VTD 04/19/2005