2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # 770082

1. Entity Name
SUNSHINE SAFETY COUNCIL, INC.

Principal Place of Business
150 NO BEACH STR DAYTONA BCH FL 32114
US:

Mailing Address
150 NO BEACH STR DAYTONA BCH FL 32114
US:

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip
County
Zip
County

4. FEI Number
59-2372470
Applied For

5. Certificate of Status Desired
$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MOUNTCASTLE, ARTHUR
150 N. BEACH STREET
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

DATE

FILE NOW: FEE IS $61.75
Due By May 1, 2005


$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

<table>
<thead>
<tr>
<th>TITLE</th>
<th>NAME</th>
<th>STREET ADDRESS</th>
<th>CITY-STATE-ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>VC</td>
<td>LEGG, AL</td>
<td>PO BOX 277</td>
<td>ORMOND BEACH FL 32175</td>
</tr>
<tr>
<td>T</td>
<td>JENNISON, DAVID</td>
<td>1100 JIMMY ANN DR.</td>
<td>DAYTONA BEACH FL 32114</td>
</tr>
<tr>
<td>C</td>
<td>EVANS, BILL</td>
<td>1340 RIDGEWOOD AVE.</td>
<td>DAYTONA BEACH FL 32117</td>
</tr>
<tr>
<td>D</td>
<td>CRISP, LINDA</td>
<td>PO BOX 10509</td>
<td>DAYTONA BEACH FL 32120</td>
</tr>
<tr>
<td>D</td>
<td>OSWALD, MARLENLE</td>
<td>4200 US 1 SOUTH</td>
<td>EDGEBATER FL 32141</td>
</tr>
<tr>
<td>S</td>
<td>MOUNTCASTLE, ARTHUR, M.</td>
<td>1341 GOLFVIEW DRIVE</td>
<td>DAYTONA BEACH FL</td>
</tr>
</tbody>
</table>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

<table>
<thead>
<tr>
<th>TITLE</th>
<th>NAME</th>
<th>STREET ADDRESS</th>
<th>CITY-STATE-ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairman</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vice-Chairman</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treasurer</td>
<td>Barbara Greene</td>
<td>1100 W. Granada Blvd.</td>
<td>Ormond Beach, FL 32174</td>
</tr>
</tbody>
</table>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(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 617, 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 empowering.

SIGNATURE:

(386) 253-6400 x32

Date

Signature and Title or Printed Name of Signing Officer or Director