

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90021 024 ***150.00

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1. Entity Name
SUNSHINE ADVANCE CORPORATION



Principal Place of Business
**600 SANDTREE DR., SUITE 209
PALM BEACH GARDENS, FL 33403**

Mailing Address
**600 SANDTREE DR., SUITE 209
PALM BEACH GARDENS, FL 33403**

40079557



DO NOT WRITE IN THIS SPACE

04102007 No Chg-P CR2E034 (11/05)

4. FEI Number
56-2367316

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DEMARIA, LISA
600 SANDTREE DR., SUITE 209
PALM BEACH GARDENS, FL 33403**

**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 _____

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

(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**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DEMARIA, WILLIAM
STREET ADDRESS	5157 ROBENO DR.
CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	TSC
NAME	DEMARIA, LISA
STREET ADDRESS	10400 TERRA LAGO DR.
CITY-ST-ZIP	WEST PALM BEACH, FL 33412
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/07 561-691-1552