2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# N94000000623

Entity Name: SUNSHINE AIREDALERS OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

706 LAKE JOSEPHINE DRIVE
SEBRING, FL 33875

New Principal Place of Business:

Current Mailing Address:

706 LAKE JOSEPHINE DRIVE
SEBRING, FL 33875

New Mailing Address:

FEI Number: 65-0536398 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FINNEY, SUSAN
706 LAKE JOSEPHINE DRIVE
SEBRING, FL 33875 US

Name and Address of New Registered Agent:

GILBERTSON, STEPHEN W CPA,PA
2720 E. OAKLAND PARK BOULEVARD
SUITE 109
FT. LAUDERDALE, FL 33306 US

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: STEPHEN W. GILBERTSON 04/26/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	S	( ) Delete
Name:	ROKICKI, NANCY	
Address:	5055 NW 84TH RD	
City-St-Zip:	CORAL SPRINGS, FL 33067	
Title:	P	( ) Delete
Name:	SHAFFER, SANDY	
Address:	13709 BRYNWOOD LANE	
City-St-Zip:	FORT MYERS, FL 33912	
Title:	D	( ) Delete
Name:	BELLIS, PAT	
Address:	4725 NW 29TH TERRACE	
City-St-Zip:	GAINESVILLE, FL 32605	
Title:	D	( ) Delete
Name:	DUDLEY, JUNE	
Address:	8198 NATURE'S WAY # 15	
City-St-Zip:	BRADENTON, FL 34202	
Title:	D	( ) Delete
Name:	SHAW, ANDREA	
Address:	1418 SW 10TH STREET	
City-St-Zip:	FORT LAUDERDALE, FL 33312	
Title:	T	( ) Delete
Name:	FINNEY, SUSAN	
Address:	706 LAKE JOSEPHINE DRIVE	
City-St-Zip:	SEBRING, FL 33875	

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:	VP	(X) Change ( ) Addition
Name:	SCHLOSSMANN, SARA	
Address:	1464 WINDSONG ROAD	
City-St-Zip:	ORLANDO, FL 32809	
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN FINNEY T 04/26/2006
Electronic Signature of Signing Officer or Director — Date