

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000076201

FILED  
May 31, 2007  
Secretary of State

Entity Name: SUNSHINE HOLISTIC HEALTHCARE CORPORATION

**Current Principal Place of Business:**

500 GULFSTREAM BLVD  
STE 104  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

2595 TREANOR TERRACE  
WELLINGTON, FL 33414

**New Mailing Address:**

FEI Number: 30-0096775      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LOUISMA, WILLIAM  
500 GULSTREAM BLVD  
DELRAY BEACH, FL 33483      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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LOUISMA, WILLIAM  
Address: 500 GULF STREAM BLVD STE 104  
City-St-Zip: DELRAY BEACH, FL 33483

Title: VP ( ) Delete  
Name: AVRIL, JOE-HANNAH  
Address: 500 GULFSTREAM BLVD STE 104  
City-St-Zip: DELRAY BEACH, FL 33483 FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: LOUISMA, JOE-HANNAH  
Address: 500 GULFSTREAM BLVD STE 104  
City-St-Zip: DELRAY BEACH, FL 33483 FL

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM LOUISMA

P

05/31/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date