2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2004
Secretary of State

DOCUMENT# P02000107097

Entity Name: SUN SHINE BUSINESS INC.

Current Principal Place of Business:

14501 HICKORY HILL CT APT 624
FT MYERS, FL 33912

New Principal Place of Business:

13940 LAKE MAHOGANY BLVD
1114
FT MYERS, FL 33907

Current Mailing Address:

14501 HICKORY HILL CT APT 624
FT MYERS, FL 33912

New Mailing Address:

13940 LAKE MAHOGANY BLVD
1114
FT MYERS, FL 33907

FEI Number: 06-1664985 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TUMM, JENS
14501 HICKORY HILL CT APT 624
FT MYERS, FL 33912

Name and Address of New Registered Agent:

TUMM, JENS
13940 LAKE MAHOGANY BLVD
1114
FT MYERS, FL 33907

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: JENS TUMM 01/27/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SCHUCHARDT, ADREAS
Address: 14501 HICKORY HILL CT APT 624
City-St-Zip: FT MYERS, FL 33912

Title: P ( ) Delete
Name: TUMM, JENS
Address: 14501 HICKORY HILL CT APT 624
City-St-Zip: FT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SCHUCHARDT, ANDREAS
Address: 13940 LAKE MAHOGANY BLVD # 1114
City-St-Zip: FT MYERS, FL 33907

Title: P (X) Change ( ) Addition
Name: TUMM, JENS
Address: 13940 LAKE MAHOGANY BLVD # 1114
City-St-Zip: FT MYERS, FL 33907

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENS TUMM P 01/27/2004
Electronic Signature of Signing Officer or Director Date