

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Feb 27, 2008  
Secretary of State**

DOCUMENT# P03000062728

Entity Name: SUNSHINE HOLISTIC HEALTHCARE II, INC.

**Current Principal Place of Business:**

5100 W. COMMERCIAL BLVD., STE 14  
TAMARAC, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

2592 TREANOR TERRACE  
WELLINGTON, FL 33414

**New Mailing Address:**

FEI Number: 37-1470249      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LOUISMA, WILLIAM  
5367 PACIFIC BLVD STE 2904  
BOCA RATON, FL 33433 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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LOUISMA, WILLIAM  
Address: 5100 W. COMMERCIAL BLVD STE 14  
City-St-Zip: TAMARAC, FL 33319

Title: VP ( ) Delete  
Name: MELUNA, MICHEL  
Address: 4261 N.W 38 TERRACE  
City-St-Zip: LAUDERDALE LAKES, FL 33309

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

Title: VP (X) Change ( ) Addition  
Name: CASTIN, ALFRED  
Address: 4261 N.W 38 TERRACE  
City-St-Zip: LAUDERDALE LAKES, FL 33309

Title: D ( ) Change (X) Addition  
Name: MICHEL, MELUNA  
Address: 5100 W. COMMERCIAL BLVD STE 14  
City-St-Zip: TAMARAC, FL 33319

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

02/27/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date