## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000055290

FILED Feb 20, 2005 Secretary of State

Entity Name: SUNSHINE PSYCHOL	OGICAL SERVICES INC.		
Current Principal Place of Business:		New Principal Place of Business:	
708 W 51 ST APT 7 MIAMI BEACH, FL 33140		708 W 51 ST APT 3 MIAMI BEACH, FL 33140	
Current Mailing Address:		New Mailing Address:	
708 W 51 ST APT 7 MIAMI BEACH, FL 33140		708 W 51 ST APT 3 MIAMI BEACH, FL 33140	
FEI Number: 20-0941313 FEI Number	Applied For ( ) FEI Num	nber Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
CORPORATE CREATIONS NETWOR 11380 PROSPERITY FARMS ROAD # PALM BEACH GARDENS, FL 33410	221E		
The above named entity submits this s in the State of Florida.	tatement for the purpose of	f changing its registered of	fice or registered agent, or both,
SIGNATURE:			
Electronic Signature	of Registered Agent		Date
Election Campaign Financing Trust Fund Co	ontribution ( ).		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS:
T''		Til B 00	OL ( ) A LEG

Title: ( ) Delete Title: (X) Change ( ) Addition SANDROW, DAVID P SANDROW, DAVID P Name: Name: 708 W 51 ST APT 3 708 W 51 ST APT 7 Address: Address: City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip: MIAMI BEACH, FL 33140 Title: () Delete Title: (X) Change ( ) Addition

MAHROU, MARY MAHROU SANDROW, MARY Name: Name: Address: 708 W 51 ST APT 7 Address: 708 W 51 ST APT 3 MIAMI BEACH, FL 33140 MIAMI BEACH, FL 33140 City-St-Zip: City-St-Zip:

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: DAVID SANDROW D 02/20/2005