2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P04000086719

Entity Name: SONSHINE HOME SERVICES, INC.

Current Principal Place of Business:

5437 N.W. BRISCOE DR.
PORT ST. LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

5437 N.W. BRISCOE DR.
PORT ST. LUCIE, FL 34986 US

New Mailing Address:

5450 N.W. BRISCOE DR.
PORT ST. LUCIE, FL 34986 US

FEI Number: 20-2149100 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARRAGATO, CAROL
5437 N. W. BRISCOE DR.
PORT ST. LUCIE, FL 34986 US

Name and Address of New Registered Agent:

BARRAGATO, CAROL
5450 N. W. BRISCOE DR.
PORT ST. LUCIE, FL 34986 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: CAROL BARRAGATO 04/29/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BARRAGATO, CAROL
Address: 5437 M.W. BRISCOE DR.
City-St-Zip: PORT ST. LUCIE, FL 33071 US

Title: ST ( ) Delete
Name: BARRAGATO, FRANK C
Address: 10992 NW 13TH COURT
City-St-Zip: CORAL SPRINGS, FL 34986 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BARRAGATO, CAROL
Address: 5450 N.W. BRISCOE DR.
City-St-Zip: PORT ST. LUCIE, FL 33071 US

Title: ST (X) Change ( ) Addition
Name: BARRAGATO, FRANK C
Address: 5450 N.W. BRISCOE DR.
City-St-Zip: PORT ST. LUCIE, FL 34986 US

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: CAROL BARRAGATO PRES 04/29/2009
Electronic Signature of Signing Officer or Director Date