

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000039420

FILED
Aug 14, 2007
Secretary of State

Entity Name: SUNSHINE LEARNING CENTER INC.

Current Principal Place of Business:

1703 N. STATE ROAD 7
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

1703 N. STATE ROAD 7
MARGATE, FL 33063

New Mailing Address:

FEI Number: 20-2640275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARBONI, CESARE
1703 N. STATE ROAD 7
MARGATE, FL 33063 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: DP () Delete
Name: CARBONI, CESARE
Address: 1703 N. STATE ROAD 7
City-St-Zip: MARGATE, FL 33063

Title: DVP () Delete
Name: RALABATE, CATHY
Address: 100 ROYAL PALM WAY, STE. 202
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: CESARE CARBONI

PRES

08/14/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date