

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000135444 1. Entity Name SUNSHINE LIVING REALTY, INC.	
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Principal Place of Business 307 NORTH VILLAGE STREET CELEBRATION, FL 34747	Mailing Address 307 NORTH VILLAGE STREET CELEBRATION, FL 34747
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DO NOT WRITE IN THIS SPACE



02122007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3577634	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KORINEK, SUZANNE 307 NORTH VILLAGE STREET CELEBRATION, FL 34747
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD LEMASTER, LYNN 1065 NASH DRIVE CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD KORINEK, SUZANNE 307 N. VILLAGE ST. CLEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/13/07-80031-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Suzanne Korinek Vice Pres/Treasurer 2/22/07 407-566-2550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Suzanne Korinek