


1082

FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT (AR)

FILED

2008 JUN 23 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000135444	
1. Entity Name Sunshine Living Realty, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Sunshine Living Realty, Inc.	3. Mailing Address Sunshine Living Realty, Inc.
Suite, Apt. #, etc. 1420 Celebration Blvd.	Suite, Apt. #, etc. 1420 Celebration Blvd.
City & State Celebration, FL	City & State Celebration, FL
Zip 34747	Country USA

CR2E034B (8/05)

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Lynn LeMaster
Street Address (P.O. Box Number is Not Acceptable) Sunshine Living Realty, Inc.
1420 Celebration Blvd., Suite 200
City Celebration FL Zip Code 34747

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 Lynn LeMaster DATE 6-17-08

Signature (Typed or Printed name of registered agent and Title if applicable) (NOTE: Registered Agent signature required when reappointing)

January 1 - May 1 Fee is \$180.00
After May 1 Fee is \$550.00
Amended AR is \$81.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S Lynn LeMaster 1420 Celebration Blvd., Suite 200 Celebration, FL 34747	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Evelyn Babec 1420 Celebration Blvd., Suite 200 Celebration, FL 34747	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400131583954
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Lynn LeMaster DATE 6-17-08 DAYTIME PHONE # 407-566-2550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 06-23-08

NAME: SUNSHINE LIVING REALTY, INC

~~**TYPE OF FILING: AMENDED ANNUAL REPORT**~~

COST: \$61.25

RETURN:

ACCOUNT: FCA0000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge
