FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90332 030 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000093374

1. Entity Name
SUNSHINE LDH, INC.

Principal Place of Business	Mailing Address
2120 LANE AVE N JACKSONVILLE, FL 32254	2120 LANE AVE N JACKSONVILLE, FL 32254

03222008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3015 Argyle Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Murfreesboro TN	City & State
Zip: 37127 Country: USA	Zip Country

4. FEI Number: 90-0286768 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOWE, PAUL E 3023 STONEWOOD WAY ORANGE PARK, FL 32065	Name: Robert J Huisinga Street Address (P.O. Box Number is Not Acceptable): 3000-3 Hartley Road City: Jacksonville FL Zip Code 32257

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 [signature] 3/22/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	HOWE, LYNDA		NAME		
STREET ADDRESS	3023 STONEWOOD WAY		STREET ADDRESS	3015 Argyle Ave	
CITY-ST-ZIP	ORANGE PARK, FL 32065		CITY-ST-ZIP	Murfreesboro TN 37127	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Lynda Howe LYNDA HOWE 4/23/08 615-895-3535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #