## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 514352** 

FILED Apr 28, 2007 Secretary of State

Entity Name: SUNSHINE CITY MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place of Business:	
	MODORE DR. FION, FL 33325	5		
Current Mailing Address:		New Mailing Address:		
	MODORE DR. FION, FL 33325	5		
FEI Numbe	r: 59-1707578	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name an	d Address of (	Current Registered Agent:	Name and Address of	of New Registered Agent:
2 SOUTH SUITE 28	D, WILLIAM M I UNIVERSITY I 0 FION, FL 33324			
The above		submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both.
0	le oi i iorida.			
	JRE:	nic Signature of Registered Age	ent	Date
SIGNATU	JRE:	nic Signature of Registered Ago	ent	
SIGNATU	JRE:	g Trust Fund Contribution().		
SIGNATU  Election Ca  OFFICER  Title:  Name:  Address:	Electron  Ampaign Financin  RS AND DIRECT  PD (  EDWARDS, M.  500 TODD CIR	g Trust Fund Contribution ( ).  TORS:  Delete  AX W,		Date
SIGNATU	Electron  Electron  Electron  Empaign Financin  ES AND DIRECT  PD ( EDWARDS, M. 500 TODD CIR WINGATE, NC  V ( EDWARDS, CH 500 TODD CIR	g Trust Fund Contribution ( ). ETORS: ) Delete AX W, CCLE ) Delete HRISTINE D, .	ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

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: MAX EDWARDS JR. TS/S 04/28/2007