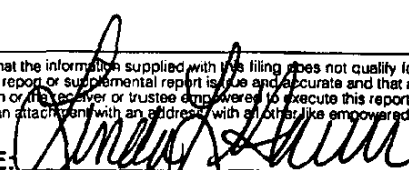


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

4. **FILED**
Apr 27, 2006 8:00 am
Secretary of State

04-13-2006 90277 047 ***150.00

66012108

DOCUMENT # 558365			
1. Entity Name SUNSHINE HEALTH FOODS, INC.			
Principal Place of Business 2916 SOUTH U.S. 1 TITUSVILLE, FL 32780		Mailing Address 2916 SOUTH U.S. 1 TITUSVILLE, FL 32780	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GARRISON, LINDA 438 VALERIE DRIVE TITUSVILLE, FL 32796		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	PD GARRISON, LINDA 438 VALERIE DRIVE TITUSVILLE, FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LINDA GARRISON ☒ Change ☐ Addition Sunshine Health Foods 2916 S. Washington Ave. Titusville, FL 32780 President
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ruth Hortert ☐ Change ☒ Addition Sunshine Health Foods 2916 S. Washington Ave. Titusville, FL 32780 Secretary
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 an other like empowered.			
SIGNATURE: 		Date: 4/6/06 Daytime Phone: 321-269-4848	

Mailed 4/25/06