2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# 729770

Entity Name: SONSHINE, INC.

Current Principal Place of Business:

899 EDGEHILL DR
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

899 EDGEHILL DR
PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: 23-7389608 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAVER, JERRY L
899 EDGEHILL DR
PALM HARBOR, FL 34684 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	SHAVER, JERRY L	
Address:	899 EDGEHILL DR	
City-St-Zip:	PALM HARBOR, FL 34684	
Title:	SD	( ) Delete
Name:	TUMEY, SUSAN R	
Address:	4157 WEST 217TH STREET	
City-St-Zip:	FAIRVIEW PARK, OH 44126	
Title:	T	( ) Delete
Name:	SHAVER, MARY S	
Address:	899 EDGEHILL DR	
City-St-Zip:	PALM HARBOR, FL 34684	
Title:	D	( ) Delete
Name:	SHAVER, JOHN R	
Address:	3405 SWEETWATER RD #816	
City-St-Zip:	LAWRENCEVILLE, GA 30044	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	SHAVER, JOHN R	
Address:	408 BREANNA COURT	
City-St-Zip:	AUBURN, GA 30011	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY L SHAVER PD 04/30/2005

Electronic Signature of Signing Officer or Director — Date