2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740169

FILED Mar 22, 2008 Secretary of State

Entity Name: SONSHINE VIA DE CRISTO MOVEMENT, INC.

Current Principal Place of Business: New Principal Place of Business:

254 CURTISS PKY MIAMI SPRINGS, FL 33166

Current Mailing Address: New Mailing Address:

254 CURTISS PKY MIAMI SPRINGS, FL 33166

FEI Number: 59-1789554 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KOVACH, BEVERLY 709 CURTISS PKWY #12 MIAMI SPRINGS, FL 33166 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

VD () Delete PRATT, JOE Name: 12435 SW 31 ST Address: City-St-Zip: MIAMI, FL 33175

Title: PD () Delete ARMBRUST, DONALD Name: Address: 1845 NW 93 WAY City-St-Zip: PLANTATION, FL 33322

Title: () Delete RYAN, D. JEAN Name: 7625 SW 159 TER Address: City-St-Zip: MIAMI, FL 33157

Title: TD (X) Delete Name: KOVACH, BEVERLY Address: 254 CURTISS PKWY

City-St-Zip: MIAMI SPRINGS, FL 33166 (X) Change () Addition

PRATT, JOE Name:

Address: 4111 SANTA BARBARA DR City-St-Zip: SEBRING, FL 33875

Title: (X) Change () Addition

Name: ARMBRUST, DONALD Address: 1845 NW 93 WAY City-St-Zip: PLANTATION, FL 33322

Title: (X) Change () Addition

KOVACH, BEVERLY Name: Address: 254 CURTISS PKWY City-St-Zip: MIAMI SPRINGS, FL 33166

Title: () Change () Addition

Name: Address: City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEVERLY KOVACH **TREA** 03/22/2008