
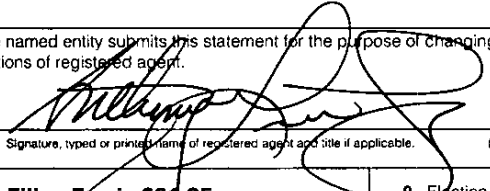
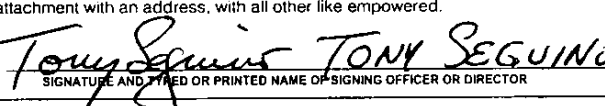


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90097 045 \*\*\*\*61.25

<b>DOCUMENT # 759836</b> 1. Entity Name <b>SUNSHINE ATHLETIC ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O GONYO, KENNETH D</b> <b>1600 S FEDERAL HWY #915</b> <b>POMPANO BEACH, FL 33062 US</b>			Mailing Address <b>C/O GONYO, KENNETH D</b> <b>1600 S FEDERAL HWY #915</b> <b>POMPANO BEACH, FL 33062 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-2550255</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>LIVOTI, ANTHONY M., JR</b> <b>805 E BROWARD BLVD., #200</b> <b>FT LAUDERDALE, FL 33301</b>					
7. Name and Address of New Registered Agent Name <b>LIVOTI, ANTHONY M., JR</b> Street Address (P.O. Box Number is Not Acceptable) <b>721 NE 30 AVE</b> City <b>FT LAUDERDALE</b> <b>FL</b> Zip Code <b>33304</b>					
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  DATE <b>1.12.07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCD</b> <b>RAY, DANNY</b> <b>849 NE 30 STREET</b> <b>OAKLAND PARK, FL 33334</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>GINNEGAR, ERIC</b> <b>1809 NE 15TH AVE</b> <b>FT. LAUDERDALE, FL 33305</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>SEGUINO, TONY</b> <b>333 SUNSET DRIVE #907</b> <b>FORT LAUDERDALE, FL 33301</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>EDDY, ANDREW</b> <b>1527 SW 8TH TERRACE</b> <b>DEERFIELD BEACH, FL 33441</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
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 617, 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.					
<b>SIGNATURE:  TONY SEGUINO</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <b>1/15/07</b> Daytime Phone # <b>(954) 763-8493</b>					

40047400



01042007 Chg-NP CR2E037 (12/06)