2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2008 8:00 am Secretary of State

DOCUMENT # 759836 1. Entity Name SUNSHINE ATHLETIC ASSOCIATION, INC.									04-17-2008 9	_		
C/O GONYO, KENNETH D 1600 S FEDERAL HWY #915 POMPANO BEACH, FL 33062 US				Mailing Address C/O GONYO, KENNETH D 1600 S FEDERAL HWY #915 POMPANO BEACH, FL 33062								
Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.				11111111111111111111111111111111111111			11 Table 6161	ILBS SI LEBI
City & State				City & State				L FEI Numbe	Chg-NP	CR2E03	37 (12/06)	plied For
								59-2550			No	t Applicable
Zip Country			Zip	Zip Cou			5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name	and Address of Current	Registere	d Agent		Name	7	. Name and	Address of New I	Registered /	gent	
LIVOTI, ANTHONY M., JR							(D.C	Day Marsha		<u>.</u>		
721 NE 3RD AVE FORT LAUDERDALE, FL 33304						Street Addre	ress (P.C	, BOX NUMBE	r is Not Acceptable	ie)		
						City					Zip Code	
A 75		y submits this statement for				,				FL		
SIGNATURE .		or printed name of registered agent	and title if app	9. Election Can		d Agent signature re				DATE	payable t	
Filing Fee is \$61.25 Due by May 1, 2008				Trust Fund C			Ac	5.00 May 8 Ided to Fees	Flo	rida Depar	tment of St	ate i
TITLE NAME STREET ADDRESS CITY-ST-ZIP		OFFICERS AND DI NNY 0 STREET D PARK, FL 33334	RECTORS	☐ Delete		E	ADI	DITIONS/CHA	INGES TO OFFICE	ERS AND DI	RECTORS IN	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GINNEGA 1809 NE		•	☐ Delete		- 1					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	D, TONY SET DRIVE #907 UDERDALE, FL 3330	1	□ Delete							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	NDREW 8TH TERRACE ELD BEACH, FL 33441		□ Delete		1					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete		1					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				□ Celete		1					☐ Change	Addition
12. I hereby	certify that th	e information supplied wit	h this filing	does not qualify fo	r the ex	emptions conta	tained in	Chapter 119,	Florida Statutes.	I further ceri	ify that the ir	formation

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.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGHING OFFICER OR DIRECTOR

4/15/08 954763 8493