

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 814290

FILED
Mar 27, 2009
Secretary of State

Entity Name: SUNSHINE STATE CARNATIONS INC

Current Principal Place of Business:

P. O. BOX 573
S.E. GOMEZ AVE.
HOBE SOUND, FL 33475

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 573
S.E. GOMEZ AVE.
HOBE SOUND, FL 33475

New Mailing Address:

FEI Number: 59-0852174 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRARY, EVANS, JR.
555 COLORADO AVE., STE 1
STUART, FL 34994 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: COB () Delete
Name: NISSEN, OLE,
Address: 855 TURTLE BEACH ROAD
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: S () Delete
Name: NISSEN, KAREN
Address: 200 HAMPTON PL
City-St-Zip: JUPITER, FL 33458

Title: P () Delete
Name: NISSEN, PETER
Address: 11863 LAKE SHORE PL
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: VPT () Delete
Name: NISSEN, ERIC
Address: 18890 GUMBO LIMBO CT
City-St-Zip: JUPITER, FL 33458

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

SIGNATURE: ERIC NISSEN

VPT

03/27/2009

Electronic Signature of Signing Officer or Director

_____ Date