


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90006 037 ***150.00

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DOCUMENT # F02000006449					
1. Entity Name SUNSHINE COMMUNICATIONS, INC.					
Principal Place of Business 4040 E. SUPERIOR AVE. PHOENIX, AZ 85040		Mailing Address P.O. BOX 3509 APOLLO BEACH, FL 33572-1005			
2. Principal Place of Business 2717 W. SOUTHERN AVE.		3. Mailing Address			
Suite, Apt. #, etc. STE. 5		Suite, Apt. #, etc.			
City & State TEMPE, AZ		City & State		4. FEI Number 86-0938887	
Zip 85282		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent OGRODOWSKI, RICHARD J 1019 SYMPHONY ISLES BLVD. APOLLO BEACH, FL 33572		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
7. Name and Address of New Registered Agent		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		City			
		FL		Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OGRODOWSKI, RICHARD J	NAME			
STREET ADDRESS	1019 SYMOHONY ISLES BLVD.	STREET ADDRESS			
CITY-ST-ZIP	APOLLO BEACH, FL 33572	CITY-ST-ZIP			
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STRAUB, ROBERT A	NAME			
STREET ADDRESS	1445 JUMANA LOOP	STREET ADDRESS			
CITY-ST-ZIP	APOLLO BEACH, FL 33572	CITY-ST-ZIP			
TITLE	CEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STRAUB, ROBERT A	NAME			
STREET ADDRESS	1445 JUMANA LOOP	STREET ADDRESS			
CITY-ST-ZIP	APOLLO BEACH, FL 33572	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with other like empowered.					
SIGNATURE: <u>Robert Straub</u>		Date: <u>1/9/04</u>		Daytime Phone #: <u>813-649-0090</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					