


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000006449
1. Entity Name
SUNSHINE COMMUNICATIONS, INC.



Principal Place of Business: 2717 W. SOUTHERN AVE. STE. 5 TEMPE, AZ 85282
Mailing Address: P.O. BOX 3509 APOLLO BEACH, FL 33572-1005



01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 86-0938887 Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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6. Name and Address of Current Registered Agent
OGRODOWSKI, RICHARD J
1019 SYMPHONY ISLES BLVD.
APOLLO BEACH, FL 33572

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	OGRODOWSKI, RICHARD J
STREET ADDRESS	1019 SYMOHONY ISLES BLVD.
CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE	DST
NAME	STRAUB, ROBERT A
STREET ADDRESS	1445 JUMANA LOOP
CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE	CEO
NAME	STRAUB, ROBERT A
STREET ADDRESS	1445 JUMANA LOOP
CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/26/06-80051-013 150.00

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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 607, 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: Robert A Straub 1/19/06 813-649-0090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # X 201