


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

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

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



01082007 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 <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

OGRODOWSKI, RICHARD J
1019 SYMPHONY ISLES BLVD.
APOLLO BEACH, FL 33572

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP OGRODOWSKI, RICHARD J 1019 SYMOHONY ISLES BLVD. APOLLO BEACH, FL 33572 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST STRAUB, ROBERT A 1445 JUMANA LOOP APOLLO BEACH, FL 33572 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO STRAUB, ROBERT A 1445 JUMANA LOOP APOLLO BEACH, FL 33572 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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01/19/07-80009-025 150.00

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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, and all other like empowered.

SIGNATURE: *Robert A. Straub* **ROBERT A. STRAUB** 1/12/07 813-649-0090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #