


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 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**

DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number
86-0938887

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 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
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 01/11/08-80041-023-150-00

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 either like empowered.

SIGNATURE: Robert Straub Date: 1/8/08

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