2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005417

FILED
Apr 30, 2006
Secretary of State

Entity Name: SUNSHINE RESTAURANT CORP

Current Principal Place of Business:

321 W HORNBEAM DR
LONGWOOD, FL 32779

New Principal Place of Business:

195 WEKIVA SPRINGS ROAD
SUITE 330
LONGWOOD, FL 32779

Current Mailing Address:

321 W HORNBEAM DR
LONGWOOD, FL 32779

New Mailing Address:

195 WEKIVA SPRINGS ROAD
SUITE 330
LONGWOOD, FL 32779

FEI Number: 56-2370654 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GROSS, ANDREW
321 W HORNBEAM DR
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

GROSS, ANDREW
195 WEKIVA SPRINGS ROAD
SUITE 330
LONGWOOD, FL 32779 US

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: ANDREW L. GROSS 04/30/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: GROSS, NORMAN
Address: 249 S VAN DORN STREET
City-St-Zip: ALEXANDRIA, VA 22304

Title: DP ( ) Delete
Name: GROSS, ANDREW
Address: 321 W HORNBEAM DR
City-St-Zip: LONGWOOD, FL 32779

Title: DST ( ) Delete
Name: GROSS, LAURA
Address: 321 W HORNBEAM DR
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete
Name: LOVELACE, KENT
Address: P.O. BOX 1347
City-St-Zip: GULFPORT, MS 39502

Title: DV (X) Delete
Name: CHAMPION, DON
Address: 196 TOLLGATE TR
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition
Name: GROSS, NORMAN
Address: 249 S VAN DORN STREET, #208
City-St-Zip: ALEXANDRIA, VA 22304

Title: DP (X) Change ( ) Addition
Name: GROSS, ANDREW
Address: 195 WEKIVA SPRINGS ROAD, #330
City-St-Zip: LONGWOOD, FL 32779

Title: DST (X) Change ( ) Addition
Name: GROSS, LAURA
Address: 195 WEKIVA SPRINGS ROAD, #330
City-St-Zip: LONGWOOD, FL 32779

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 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: ANDREW L. GROSS DP 04/30/2006
Electronic Signature of Signing Officer or Director Date