

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005417

FILED
Apr 30, 2007
Secretary of State

Entity Name: SUNSHINE RESTAURANT CORP

Current Principal Place of Business:

195 WEKIVA SPRINGS ROAD
SUITE 330
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

195 WEKIVA SPRINGS ROAD
SUITE 330
LONGWOOD, FL 32779

New Mailing Address:

P.O. BOX 917297
LONGWOOD, FL 32791

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
195 WEKIVA SPRINGS ROAD
SUITE 330
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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:

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, #208
City-St-Zip: ALEXANDRIA, VA 22304

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: GROSS, NORMAN
Address: P.O BOX 887
City-St-Zip: FAIRFAX, VA 22038

Title: DP (X) Change () Addition
Name: GROSS, ANDREW
Address: P.O. BOX 917297
City-St-Zip: LONGWOOD, FL 32791

Title: DST (X) Change () Addition
Name: GROSS, LAURA
Address: P.O. BOX 917297
City-St-Zip: LONGWOOD, FL 32791

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date