


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2006 08:00 A
Secretary of State

DOCUMENT # F05000005086

1. Entity Name
THE SUNSHINE HOUSE OF SOUTH CAROLINA, INC.



Principal Place of Business 1801 BYPASS 72 NE GREENWOOD, SC 29649	Mailing Address 1801 BYPASS 72 NE GREENWOOD, SC 29649
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07102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1000178	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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
 Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT DREW, DENNIS E 1801 BYPASS 72 NE GREENWOOD, SC 29649
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP DREW, ROSEANN 1801 BYPASS 72 NE GREENWOOD, SC 29649
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DREW, ROSEANN 1801 BYPASS 72 NE GREENWOOD, SC 29649
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIKARD, NANCY E 1801 BYPASS 72 NE GREENWOOD, SC 29649
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACKIN, CHARLES P 1801 BYPASS 72 NE GREENWOOD, SC 29649
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 08/18/06-80001-019 158.75

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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: Charles P. Mackin, CEO Date: 8/3/06 Daytime Phone #: 804-223-3945