2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005086

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

FILED Mar 31, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
1801 BYPASS 72 NE GREENWOOD, SC 29649				
Current Mailing Address:			New Mailing Address:	
1801 BYPASS 72 NE GREENWOOD, SC 29649				
FEI Number:	57-1000178	FEI Number Applied For () FEI Num	nber Not Appli	cable () Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:				
	Electroni	c Signature of Registered Agent		Date
Election Campaign Financing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip: Title:	DREW, DENNIS 1801 BYPASS 7 GREENWOOD,	2 NE	Title: Name: Address: City-St-Zip: Title:	CEO (X) Change () Addition RIKARD, NANCY E 1801 BYPASS 72 NE GREENWOOD, SC 29649 CFO (X) Change () Addition
Name: Address:	DREW, ROSEAL 1801 BYPASS 7	NN	Name: Address:	MACKIN, CHARLES P 1801 BYPASS 72 NE
City-St-Zip:	GREENWOOD,		City-St-Zip:	GREENWOOD, SC 29649
Title: Name: Address: City-St-Zip:	S () DREW, ROSEA 1801 BYPASS 7 GREENWOOD,	2 NE	Title: Name: Address: City-St-Zip:	P (X) Change () Addition DREW, ROSEANN 1801 BYPASS 72 NE GREENWOOD, SC 29649
Title: Name: Address: City-St-Zip:	D () RIKARD, NANCY 1801 BYPASS 7 GREENWOOD,	2 NE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () MACKIN, CHARI 1801 BYPASS 7 GREENWOOD,	2 NE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition DREW, DENNIS E 887 JOHNNIE DODDS BLVD STE 208 MOUNT PLEASANT, SC 29464

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: NANCY E. RIKARD CEO 03/31/2009