

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # F06000003844

1. Entity Name
SUNSHINE ELITE MORTGAGE CORP.



Principal Place of Business
49136 VAN DYKE
SHELBY TWP, MI 48317

Mailing Address
49136 VAN DYKE
SHELBY TWP, MI 48317



03032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4509409	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ASQUITH, KRIS
2731 EXECUTIVE PARK DR STE 4
WESTON, FL 33331

**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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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**

U000000851026
03/25/08-80021-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	CVDP
NAME	ASQUITH, KRIS
STREET ADDRESS	49136 VAN DYKE
CITY-ST-ZIP	SHELBY TWP, MI 48317

TITLE	VST
NAME	ASQUITH, KRIS
STREET ADDRESS	49136 VAN DYKE
CITY-ST-ZIP	SHELBY TWP, MI 48317

TITLE	
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CITY-ST-ZIP	

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/2008 586-803-9600

Date

Daytime Phone #