2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# F77794

Entity Name: SUNSHINE COLLISION CENTER, INC.

Current Principal Place of Business:

2700 NW 1 AVE
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

% REXFORD ALLEN COOK
450 NE 47TH STREET
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 59-2221866 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COOK, REXFORD ALLEN
450 NE 47TH STREET
BOCA RATON, FL 33432 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: DP ( ) Delete
Name: MILLER, KENNETH G,
Address: 9737 ALASKA CIR
City-St-Zip: BOCA RATON, FL 00000,

Title: DST ( ) Delete
Name: COOK, REXFORD ALLEN,
Address: 450 N E 47TH ST
City-St-Zip: BOCA RATON, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: REXFORD ALLEN COOK V/P 02/10/2009

Electronic Signature of Signing Officer or Director Date