## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

## **FILED** Jan 24, 2007 08:00 AM **Secretary of State** DOCUMENT # G30764 1. Entity Name SUNSHAW, INC. Principal Place of Business Mailing Address 18 ASTER TERRACE 18 ASTER TERRACE KEY WEST, FL 33040 KEY WEST, FL 33040 No Chg-P CR2E034 (11/05) 01222007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2279492 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MOORE, SHARON A DO NOT WRITE 18 ASTER TERRACE KEY WEST, FL 33040 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: Registored Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 · 🗆 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE MOORE, SHARON A NAME STREET ADDRESS 18 ASTER TERRACE CITY-ST-ZIP KEY WEST, FL 33040 TITLE MOORE, WILLIAM F. NAME U000000599913 STREET ADDRESS 18 ASTER TERRACE 01/25/07-80046-019 150.00 CITY-ST-ZIP KEY WEST, FL 33040 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 one man 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 in Block 11 if changed, or on an attachment with an address, with all other like empowered.

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ITED NAME OF SIGNING OFFICER OR DIRECTOR

Stean A. Hoore