

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # G71895 1. Entity Name SUNSHINE REALTY CORP.	
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Principal Place of Business 1235 WINDING OAK CIR VERO BEACH, FL 32963	Mailing Address 1235 WINDING OAK CIR VERO BEACH, FL 32963
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DO NOT WRITE IN THIS SPACE



04132006 No Chg-P CRZE034 (11/05)

4. FEI Number 59-2359736	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JACQUES, BRION 1235 WINDING OAKS CIRCLE E VERO BEACH, FL 32963
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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.

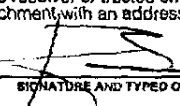
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	1100000556123 05/16/06-20060-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT JACQUES, BRION 1235 WINDING OAK CIR VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARACK, PETER 333 WEST WACKER DR #2700 CHICAGO, IL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **4/24/05 772-231-9820**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #