2005 FOR PROFIT-CORPORATION AMENDED ANNUAL REPORT

SUNSHINE FAST-PRINT, INC. Principal Place of Business Mediting Address SPATRICLA WILLIAMS WILLIAMS SPATRICLA WILLIAMS W				-	· · · · · · · · · · · · · · · · · · ·	ı				
## PATRICIA I. WILLIAMS 99264 OVERSEAS HWY. ## PATRICIA II. WILLIAMS 99264 OVERSEAS HWY. ## PATRICIA III. WILLIAMS 99264 OVERSEAS HWY. ## PATRICIA II. WILLIAMS 99264 OVERSEAS HWY. ## PATRICIA III. WILLIAMS 9	1. Entity Nam	e					SECRETAR IVISION OF (Y'OF STAT CORPORAT	UNO	
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City & State City & State City & State City & State Country C	2. Principal P	~ ~	3. Mailing Address P.O. Box 3724/5							
Service Country Country Country 33037 Country 38.75 Additional Service	Suite, Apt. #, etc. Suite, Apt. #, etc.							CR2E0		
6. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent MILLIAMS, JAMES G. Sireet Address (P.O. Box Number is Not Acceptable) Amended AR is \$81.25 Delete MAR MAR MAR MAR MAR MAR MAR MA	Key	LARGO, FL	Key LARGE						No	t Applicable
MILLIAMS, JAMES G. 99264 OVERSEAS HWY. KEY LARGO, FL 33037 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorlds. I em familiar with, and accept the obligations of legistered agent. SIGNATURE Amended AR is \$61.25 9. Election Campaign Financing Trust Fund Contribution. Delete NAME STREET ADDRESS OTTY-ST-2P NAME NAME NAME NAME NAME NAME NAME NAM		137 MONROE	33037	MONROE	<u>, </u>			<u>, </u>	Fee Require	
MILLIAMS, JAMES G. 99284 OVERSEAS HWY. KEY LARGO, FL 33037 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 Amended AR is \$61.25 B. Election Campaign Financing Trust Fund Contribution. TITLE NAME STREET ADDRESS CITY-ST-ZIP WILLIAMS, JAMES G. 30 Belde TITLE NAME STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34114 Delde TITLE NAME STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34114 Delde TITLE NAME STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34114 Delde TITLE NAME STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34114 Delde TITLE NAME STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34114 Delde TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition STREET ADDRESS CITY-ST	· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current F	Registered Agent	Nome	_	7. Name and		~		
City Key LARGO, FL 33037 City Key LARGO FL Zip Code 3303 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the Addition of registered agent. SIGNATURE Submits this statement to rithe purpose of Charge individual Addition of the purpose of Florida. I am familiar with, and accept the Addition of the Park Land Submits and Florida. I am familiar with, and accept the Addition of the Park Land Submits and Addition of R					PATRICIA H. CHRISSON					
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I em familiar with, and accept the obligations of registered agent. Signature				City /	Per	LARG	-0	FL	Zip Cod	 『 <i>スマル</i> マフ
SIGNATURE Signature, Special or printed raiser of legistered agent and title if appreciate. Amended AR Is \$81.25 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees	8. The above	named entity submits this statement for	the purpose of changing its re					Florida. I am	familiar with,	and accept
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Amended AR Is \$61.25 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME NAME VILLIAMS, JAMES G. STREET ADDRESS 1346 MAINSAIL DRIVE #1312 NAPLES, FL 34114 TITLE NAME VILLIAMS, PATRICIA J. STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34114 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34114 TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-	SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Olosed Registered Agent signati	LnZ ure required	(when reinstating)	<u>ر</u>	DATE	10-05	·····
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Butmin of Chumon, Vi