2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 04, 2007 08:00 Al Secretary of State DOCUMENT # H17138 1. Entity Name SUNSHINE FAST-PRINT, INC. Principal Place of Business Mailing Address P.O. BOX 372415 61 AVENUE E KEY LARGO FL 33037 KEY LARGO FL 33037 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) Applied For 4. FEI Number City & State City & State 06-1758055 Not Applicable Zip Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHAISSON, PATRICIA A Street Address (P.O. Box Number is Not Acceptable) 61 AVENUÈ E KEY LARGO FL 33037 City 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 DATE (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Adddion HILLE THE Delete CHAISSON, PATRICIA A NAME NAME 61 AVENUE E STREET ADDRESS STREET ADORESS KEY LARGO FL 33037 CITY-ST-ZIP CITY-SI-7IP VSD Change Addition. 1001☐ Delete MILE CHAISSON, WILFRED NAME U00000688867 NAME 04/11/07-80012-009 150.00 61 AVENUE E STREET ADDRESS STREET ADDRESS KEY LARGO FL 33037 CHY-SI-ZIP CITY-ST-ZIP ☐ Delete HIE Change Addition 1010 NAME. NAM STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAMI NAME STREET ADDRESS STREET ADDRESS CHY-SI-7IP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TIFLE THE NAMI NAME STREET ADDRESS STREEL ADDRESS CITY-ST-ZIP CITY - ST-ZIP ☐ Addition TITLE HILL. ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - 71P 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. Further certify that the information

indicated on this roport or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this roport 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: J

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

42-07

305-451-3752

Daylime Phone #