


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

05-14-2004 90017 001 *1,587.50

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|---|---|
| DOCUMENT # J02582 |  |
| 1. Entity Name SUNSHINE COMPANIES INC. IV | |

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|---|--|
| Principal Place of Business 5825 US 27 NORTH SEBRING, FL 33870 US | Mailing Address 755 W BIG BEAVER SUITE 1700 TROY, MI 48084 |
|---|--|

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|--|---------------------|
| 2. Principal Place of Business 755 W. Beaver | 3. Mailing Address |
| Suite, Apt. #, etc. Suite 1700 | Suite, Apt. #, etc. |

| | |
|---------------------------------|--------------|
| City & State Troy, MI | City & State |
|---------------------------------|--------------|

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|---------------------|---------|-----|---------|
| Zip 48084 | Country | Zip | Country |
|---------------------|---------|-----|---------|



05072004 Chg-P CR2E034 (10/03)

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| 6. Name and Address of Current Registered Agent NATIONSCORP REGISTERED AGENTS, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301 | |
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|--|--------------------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL Zip Code |

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 _____

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|---|---|---------------------------------------|---|
| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|---|---|---------------------------------------|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD VANDERBURG, CRAIG 755 W. BIG BEAVER RD., STE 1700 TROY, MI 48084 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Brian J. Jarzynski 755 W. Long Lake, suite 1700 Troy, MI 48084 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BAIERS, JAMES E 755 W. BIG BEAVER RD., STE 1700 TROY, MI 48084 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BURCHAM, JOHN W II 755 W. BIG BEAVER RD., STE 1700 TROY, MI 48084 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD ALLEY, ANDREW S 755 W BIG BEAVER, STE. 1700 TROY, MI 48084 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SANDLIN, FRED J 5825 US 27 N SEBRING, FL 33870 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GAINES, ROBERT A 5825 US 27 N SEBRING, FL 33870 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: James E. Baiers **JAMES E. BAIERS** 5/6/04 248-269-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #