2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Aug 05, 2005 08:00 AM Secretary of State DOCUMENT # J15299 1. Entity Name SUNSHINE EXPRESS TOURS, INC. Principal Place of Business Mailing Address 9533 BARON MILLER RD. 9533 BARON MILLER RD. PENSACOLA, FL 32514 PENSACOLA, FL 32514 08022005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2682405 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MILLER, SHARON S. DO NOT WRITE 9533 BARON MILLER RD. PENSACOLA, FL 32514 IN THIS SPACE 5. 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, typed or printed name of registered agent and title if applicable TE Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 7, 2005 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. VS TITLE NAME MILLER, JERALD L. STREET ADDRESS 9533 BARON MILLER RD. U000003756<u>9</u>6 CITY-ST-ZIP PENSACOLA FL 08/05/05-60005-022 150,00 PΤ TITLE MILLER, SHARON S. NAME 9533 BARON MILLER RD. STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-2IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby 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:

STREET ADDRESS CITY-ST-ZIP