2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # J36502 1. Entity Name SUNSHINE COMPANIES, II, INC.								O. VISION OF CORPORATIONS 03 MAR -3 PM 4:53				
Principal Place 5825 U.S. 27 SEBRING FL 3 US	NORTH	Mailing Address 5825 U.S. 27 NORTH SEBRING FL 33870 US				,						
2. Principal P	Place of Busin	3. Mailing Address 755 W. Big Beaver						T TANDITON UTBU TITISM NITRAT UTTIL UNITRA 1201 DISUT		IBN 84801	01011 100}	
Suite, Apt.		Suite, Apt. #, etc. Suite 1700					CHECK HERE IF MAKING CHANGES					
City & Stat	te	City & State Troy, MI					4. F	NOT APPLICABLE		Not A	lied For Applicable	
Zìp		Country	Zip 4808		Coun	try			Certificate of Status Desired	\$8.75 Fee Re		ional
SANDLIN,		and Address of Current F	egisterea Agent			7. Name and Address of New Registered Agent Name NationsCorp Registered Agents, Inc. Street Address (P.O. Box Number is Not Acceptable)						
5825 U.S. Sebring	27 NORTH FL 33870				526	E.	Pa	rk Avenue				
8. The above	of changing its	register	City Tallaha egistered office or registered			See, FI.	- 3	Code 230 with, an	1 nd accept			
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
	ILE NOW!! r May 1, 200	9	THE BEAD			3010441100		Election Campaign Financing Trust Fund Contribution.	A	dded to		
TITLE NAME STREET ADDRESS CITY-SI-ZIP		OFFICERS AND DURG, CRAIG A BEAVER RD SUITE 179 18084		☐ Delete					DITIONS/CHANGES TO OFFICERS AN BOOD132843 03/03/0301002004	- Cha	inge	N 11 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAIERS, JAMES E 755 W BIG BEAVER RD SUITE 170 TROY MI 48084		□ Delete		NAM STRE	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Cha	nge	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURCHAM 755 W BIG TROY MI 4	, JOHN W II 3 BEAVER RD SUITE 170 18084	00	☐ Delete						☐ Cha	nge	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete			And 755	rev W.	rer/Director v S. Alley . Big Beaver, Sui MI 48084	□ Cha te 1	-	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ŕ		□ Delete			582	d 3	or J. Sandlin JS 27 N ng, FL 33870	☐ Cha	nge y	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete .			582	ert 5 t	or A. Gaines JS 27 N ng, FL 33870	☐ Cha	nge 3	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 much all other like empowered.												