

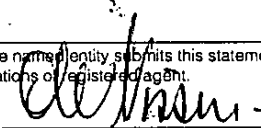



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90079 004 \*\*\*150.00

<b>DOCUMENT # J60950</b> 1. Entity Name <b>SUNSHINE RESEARCH &amp; DEVELOPMENT CORP.</b>					
Principal Place of Business <b>855 TURTLE BEACH RD SUITE 249 N PALM BEACH, FL 33408 US</b>			Mailing Address <b>855 TURTLE RD SUITE 249 N PALM BEACH, FL 33408 US</b>		
2. Principal Place of Business <b>855 TURTLE BEACH RD</b>		3. Mailing Address <b>855 TURTLE BEACH RD</b>			
Suite, Apt. #, etc. <b>SUITE 249</b>		Suite, Apt. #, etc. <b>SUITE 249</b>			
City & State <b>N. PALM BEACH, FL</b>		City & State <b>N PALM BEACH, FL</b>		4. FEI Number <b>59-2279086</b>	
Zip <b>33408</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NISSSEN, OLE 855 TURTLE DR SUITE 249 N PALM BEACH, FL 33408</b>				7. Name and Address of New Registered Agent Name <b>NISSSEN, OLE</b> Street Address (P.O. Box Number is Not Acceptable) <b>855 TURTLE BEACH RD</b> <b>SUITE 249</b> City <b>N PALM BEACH</b> <b>FL</b> Zip Code <b>33408</b>	
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  DATE <b>4/29-05</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D NISSSEN, OLE 855 TURTLE BEACH ROAD N. PALM BEACH, FL</b>	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  <b>4/29-05</b> <b>561-626-0520</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					