

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # J60950

1. Entity Name  
SUNSHINE RESEARCH & DEVELOPMENT CORP.



Principal Place of Business  
855 TURTLE BEACH RD  
SUITE 249  
N PALM BEACH, FL 33408 US

Mailing Address  
855 TURTLE RD  
SUITE 249  
N PALM BEACH, FL 33408 US

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**



03022006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-2279086

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fees Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

NISSEN, OLE  
855 TURTLE DR  
SUITE 249  
N PALM BEACH, FL 33408

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000464578  
03/22/06 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
NISSEN, OLE  
855 TURTLE BEACH ROAD  
N. PALM BEACH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/9-06 561-626-0570