

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90069 031 \*\*\*150.00

**DOCUMENT # J60950**

1. Entity Name  
**SUNSHINE RESEARCH & DEVELOPMENT CORP.**



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>
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**DO NOT WRITE IN THIS SPACE**



03102007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2279086</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

5. 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 the registered agent.

SIGNATURE: *[Signature]* DATE: **3/13/07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D	NAME NISSEN, OLE
STREET ADDRESS 855 TURTLE BEACH ROAD	CITY-ST-ZIP N. PALM BEACH, FL
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
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TITLE NAME	STREET ADDRESS 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **OLE NISSEN** DATE: **4/1-07** DAYTIME PHONE #: **772-546-3000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #