

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J60950

FILED  
Mar 11, 2009  
Secretary of State

Entity Name: SUNSHINE RESEARCH & DEVELOPMENT CORP.

## Current Principal Place of Business:

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

## Current Mailing Address:

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

## New Principal Place of Business:

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

## New Mailing Address:

FEI Number: 59-2279086      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: NISSEN, OLE  
Address: 855 TURTLE BEACH ROAD  
City-St-Zip: N. PALM BEACH, FL

Title: VP ( ) Delete  
Name: NISSEN, ERIC  
Address: PO BOX 573  
City-St-Zip: HOBE SOUND, FL 33475

Title: VP ( ) Delete  
Name: NISSEN, PETER  
Address: PO BOX 573  
City-St-Zip: HOBE SOUND, FL 33475

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OLE NISSEN

D

03/11/2009

Electronic Signature of Signing Officer or Director

Date