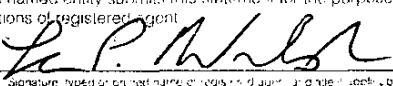
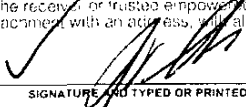


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90432 011 ***150.00

DOCUMENT # K26703 1. Entity Name SUNSHINE TAPE & LABEL, INC.					
Principal Place of Business 516 24TH STREET WEST PALM BEACH, FL 33407 US			Mailing Address 516 24TH STREET WEST PALM BEACH, FL 33407 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc. City & State Zip Country		3. Mailing Address Suite, Apt #, etc. City & State Zip Country			
4. FFI Number 65-0061563				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILDE, LEON P 3452 W. BOYNTON BCH. BLVD. SUITE 10 BOYNTON BEACH, FL 33436			7. Name and Address of New Registered Agent Name WILDE, LEON P Street Address (P.O. Box Number is Not Acceptable) 969 SE FED. HWY. STE 400 City STUART FL Zip 34994		
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  4/14/07					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY ST ZIP	PD ZAUDER, LAURENCE M. 656 BLUEBELL COURT WELLINGTON, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	VSD CHILLEME, JOHN D. 129 HAMPTON CIR JUPITER, FL 33458	☐ Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exceptions 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:  5/11/2007 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					