

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K42238

FILED
Jan 17, 2006
Secretary of State

Entity Name: SUNSHINE ENTITIES, INC.

Current Principal Place of Business:

OLD STATE RD, RAMROD KEY
26351 OLD ST TD 4A
RAMROD KEY, FL 330425337 US

New Principal Place of Business:

OLD STATE RD, RAMROD KEY
26351 OLD STATE RD 4A
RAMROD KEY, FL 330425337 US

Current Mailing Address:

OLD STATE RD, RAMROD KEY
26351 OLD ST. RD. 4A
RAMROD KEY, FL 330425337 US

New Mailing Address:

FEI Number: 65-0085899 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOMEZ, KATHLEEN
26351 OLD STATE RD 4A
RAMROD KEY, FL 33042 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: PD () Delete
Name: KRAUSE, RUDOLPH O.,
Address: OLD STATE RD.
City-St-Zip: RAMROD KEY, FL

Title: DT () Delete
Name: KRAUSE, ROSEANN,
Address: OLD STATE RD.
City-St-Zip: RAMROD KEY, FL

Title: V () Delete
Name: KRAUSE, RUDY G.,
Address: OLD STATE RD.
City-St-Zip: RAMROD KEY, FL

Title: S () Delete
Name: GOMEZ, KATHLEEN,
Address: OLD STATE RD.
City-St-Zip: RAMROD KEY, FL

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ROSEANN KRAUSE

DT

01/17/2006

Electronic Signature of Signing Officer or Director

_____ Date