## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# L94538

Address:

City-St-Zip:

2255 KUHIO AVE #1700

HONOLULU, HI 96815

Entity Name: SUNSHINE-7, INC

FILED Feb 12, 2004 Secretary of State

Littly Na	ille. SUNSITII	NL-7, INO.			
Current P	rincipal Place	e of Business:	New Principal Place	of Business:	
	/ERSAL BLVD	)			
SUITE 440 ORLANDO	) D, FL 32819	US			
	lailing Addre	ss:	New Mailing Addres	ss:	
7680 UNIVERSAL BLVD			J		
SUITE 440	)				
	D, FL 32819	US			
FEI Number	: 59-3026921	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and Address	of New Registered Agent:	
2 S ORAN	N, CRAIG S. IGE AVENUE D, FL 32801				
	named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	KISTLER, DEE	SAL BLVD STE 440	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SPENCER, AR	VENUE, SUITE 1700	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	KAWAZOE, KA	SAN BUNKYO-KU	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SHIMADA, YU	SAN BUNKYO-KU	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	P ( KAWAZOE, FL	) Delete JKUYOSHI	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address: City-St-Zip:

SIGNATURE: DEBRA C. KISTLER S 02/12/2004