FILED Apr 24, 2006 8:00 am Secretary of State 04-24-2006 90353 014 ****70.00

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT # NO2462

1. Entity Name SUNNYSIDE RETIREMENT INCORPORATED .							r	กกาน		
5201 BAHIA VISTA 520			Mailing Address 5201 BAHIA VISTA SARASOTA, FL 3423	-				00293		
2. Principal Place of Business 3. M			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04052006 _{Ct}	ng-NP	CR2E037	(11/05)	
City & State			City & State		,	4. FEI Number 59-256259	8		_ 	plied For Applicable
Zip	Country		Zip	p Country		S. Certificate of Status Desired See Required See Required				
	6. Name	and Address of Current I	Registered Agent			7. Name and Add	ress of New R	egistered Ag	ent	
	41.00 DAX			Name						
MILLER, DAVID RAY 5201 BAHIA VISTA STREET SARASOTA, FL 34232					Address (P.O. Box Number is t	Not Acceptable	9)		
	.,									
								FL	Zip Code)
	named entity ons of regist		the purpose of changing i	ts registered office (or register	ed agent, or both, in	the State of Fig	orida. I am fai	miliar with, a	and accept
SIGNATURE _	Signature typed	or printed name of registered agent t	N/ (Nicebia di sonicabia (Ni	OTE: Registered Agent sign	shure required	(when reinstating)		DATE		
	organicato, typou	or printed real to the gold of a agent	The state of the s	TE NOGETICA NO CONTRACTOR			r			
				9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
									-	
10.			Trust Fund				Flor	ida Departn	ent of St	ate
		lay 1, 2006	Trust Fund	Contribution.		Added to Fees	Flor	ida Departn	ent of St	ate
10.	Due by N	OFFICERS AND DIF	Trust Fund	Contribution. 11. TITLE NAME	D	Added to Fees	Flor ES TO OFFICE	ida Departn	CTORS IN	ate 10
10. TITLE NAME STREET ADDRESS	Due by NO	OFFICERS AND DIF US, CHERYL MONWEALTH PLACE	Trust Fund	TITLE NAME STREET ADDRESS	D Nac	Added to Fees ADDITIONS/CHANG mi Schlaba	Flor ES TO OFFICE Ch	ida Departn RS AND DIRE	CTORS IN	10Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by M D , & KORNHAI 560 COMI SARASOT	OFFICERS AND DIF	Trust Func	T11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nac	Added to Fees	Flor ES TO OFFICE Ch	ns and dire	CTORS IN Change	10 Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by M D , & KORNHAI 560 COMI SARASOT DVP	OFFICERS AND DIF US, CHERYL MONWEALTH PLACE TA, FL 34242	Trust Fund	T11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D Nac	Added to Fees ADDITIONS/CHANG mi Schlaba	Flor ES TO OFFICE Ch	ns and dire	CTORS IN	10Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by N CORNHAI 560 COMI SARASOT DVP LEE, H. G	OFFICERS AND DIF US, CHERYL MONWEALTH PLACE TA, FL 34242	Trust Func	T11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D Nac 588	Added to Fees ADDITIONS/CHANG mi Schlaba	Flor ES TO OFFICE Ch	ns and dire	CTORS IN Change	10 Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by NO DUE TO NO SARASOT DVP LEE, H. G 2014 FOU	OFFICERS AND DIF US, CHERYL MONWEALTH PLACE TA, FL 34242	Trust Func	T11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D Nac 588 D Pau	Added to Fees ADDITIONS/CHANG mi Schlaba 5 Ibis St.	Flor ES TO OFFICE ch , Saraso	nda Departm	CTORS IN Change 3424	10 Addition
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 617, 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:

941-37/-2750 Daytime Phone #