2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2005
Secretary of State

DOCUMENT# N03000010017

Entity Name: DELTONA SUNSHINE GROUP, INC.

Current Principal Place of Business:

1090 FT SMITH BLVD
DELTONA, FL 32725 US

New Principal Place of Business:

Current Mailing Address:

1090 FT SMITH BLVD
DELTONA, FL 32725 US

New Mailing Address:

FEI Number: 61-1466054 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MORAN, SHERRI
2757 WEST COVINGTON DRIVE
DELTONA, FL 32738 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HERR, KATHI
Address: 1090 FT SMITH BLVD
City-St-Zip: DELTONA, FL 32725

Title: SD ( ) Delete
Name: MORAN, SHERRI
Address: 2757 WEST COVINGTON DRIVE
City-St-Zip: DELTONA, FL 32738

Title: TD ( ) Delete
Name: ORAMA, ANNIQUE
Address: 1090 FORT SMITH BLVD.
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change ( ) Addition
Name: ORAMA, ANNIQUE M
Address: 1090 FORT SMITH BLVD.
City-St-Zip: DELTONA, FL 32725

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNIQUE M. ORAMA TD 07/15/2005

Electronic Signature of Signing Officer or Director — Date