2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2006
Secretary of State

DOCUMENT# N04000009958

Entity Name: SUNSHINE HARVEST INC

Current Principal Place of Business:

3166 CENTER ST
MIAMI, FL 33133 US

New Principal Place of Business:

4045 SHERIDAN AVE
#226
MIAMI BEACH, FL 33140 US

Current Mailing Address:

4045 SHERIDAN AVE
#226
MIAMI BEACH, FL 33140 US

New Mailing Address:

4045 SHERIDAN AVE
#226
MIAMI BEACH, FL 33140 US

FEI Number: 43-2063670 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PALIT, HELEN V
4045 SHERIDAN AVE, #226
MIAMI BEACH, FL 33140 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: P ( ) Delete
Name: PALIT, HELEN V
Address: 4045 SHERIDAN AVE, #226
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: V ( ) Delete
Name: BERKOWITZ, ROBERT
Address: 7000 SW 59TH PLACE
City-St-Zip: MIAMI, FL 33143

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: V ( ) Change (X) Addition
Name: SALADRIGAS, CARLOS
Address: 6919 NW 77 AVE
City-St-Zip: MIAMI, FL 33166

Title: V ( ) Change (X) Addition
Name: PONT, LYN
Address: 90 EDGEWATER DR
City-St-Zip: CORAL GABLES, FL 33133

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

SIGNATURE: HELEN PALIT P 04/15/2006
Electronic Signature of Signing Officer or Director — Date