2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jun 22, 2007 8:00 am Secretary of State 06-22-2007 90001 049 ****61.25

DOCUMENT # N0400010745 1. Entity Name SUNSHINE ACADEMY CHARTER SCHOOL, INC.				06	-22-2007 90001 049 ****61.25
Principal Place 7601 SHALIN MIRAMAR, FL	MAR STREET	Mailing Address 7601 SHALIMAR STREET MIRAMAR, FL 33023			
2. Principal P	lace of Business - No PO Pox #	3. Mailing Address 13762 Wast State Rd. 84			
Suite, Apt. #, etc. Suite 422		Suite, Apr. #, etc., Suite 422		06202007 Chg-	
Davie	2,12	·	Torida	4. FEI Number 20-1869617	Applied For Not Applicable
3332	S Country USA 6. Name and Address of Current	33325 Registered Agent	Country	Certificate of Statu Name and Address	s Desired \$8.75 Additional Fee Required
MANZANO, ALČIRA A 7601 SHALIMAR STREET MIRAMAR, FL 33023 Street Address (P,O. Box Number is Not Acceptable) FL Zip Code 330/2 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept					
the obligations of registered agent. SIGNATURE					
D	Filing Fee is \$61.25 ue by September 14, 2007		Impaign Financing Contribution	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
10.	OFFICERS AND DI		11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS IN 10
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	P MANZANO, ALCIRA A 7601 SHALIMAR STREET MIRAMAR, FL 33023	X Delete	ITTLE NAME STREET ADDRESS CITY-ST-7IP		Change Addition {
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANZANO, SALVATTORE 7601 SHALIMAR STREET MIRAMAR, FL 33023	_] Delete	HILE NAME SIREEI ADDRESS CITY-SI-ZIP	10	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FERNANDEZ, ANA APARICIO 1101 SW 15TH AVE APT 8 FORT LAUDERDALE, FL 33312	☐ Delete	TITLE NAME SIREET ADDRESS CITY-ST- "IP	uir Tresid NA Aparici 170 PAIM A	(n) Achange Addition (n) Additi
TITLE NAME STREET ADDRESS CITY-ST-7IP		□ Delete	THILE NAME STREET ODRESS GITY-ST ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	NAME SITET ADDRESS CITY-ST-ZIP		Change Addition
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Stâtules. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee employered 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:					