2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2007
Secretary of State

DOCUMENT# N06000000928

Entity Name: THE SUNSHINE PROJECT, INC.

Current Principal Place of Business:

1004 GRAND ISLE WAY
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

1004 GRAND ISLE WAY
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 20-6228024 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KATZ, MARTIN V
625 N. FLAGLER DRIVE
9TH FLOOR
WEST PALM BEACH, FL 33401 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: D ( ) Delete
Name: FOLEY, REGEN
Address: 1004 GRAND ISLE WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D ( ) Delete
Name: LYONS, LYNN
Address: 45 APOLLO DRIVE
City-St-Zip: JUNO BEACH, FL 33408

Title: D ( ) Delete
Name: SIMON, SUSAN DR.
Address: 1004 GRAND ISLE WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D ( ) Delete
Name: SIMON, BARRY DR.
Address: 1004 GRAND ISLE WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: SUSAN SIMON TREA 01/14/2007

Electronic Signature of Signing Officer or Director — Date