2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2011
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 (X)**

Name and Address of Current Registered Agent:

FOLEY, SUSAN E
1004 GRAND ISLE WAY
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

FOLEY, SUSAN E M.D.
1004 GRAND ISLE WAY
PALM BEACH GARDENS, FL 33418 US

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: SUSAN E. FOLEY, M.D. 01/08/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: FOLEY, REGEN
Address: 1004 GRAND ISLE WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: SECR
Name: LYONS, LYNN
Address: 45 APOLLO DRIVE
City-St-Zip: JUNO BEACH, FL 33408

Title: TREA
Name: FOLEY, SUSAN M.D.
Address: 1004 GRAND ISLE WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VP
Name: SIMON, BARRY M.D.
Address: 1004 GRAND ISLE WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby 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 all other like empowered.

SIGNATURE: SUSAN FOLEY, M.D. TREA 01/08/2011
Electronic Signature of Signing Officer or Director Date