2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N07000011417

Entity Name: SUNSHINE WILDLIFE TOURS, INC.

Current Principal Place of Business:

5000 SW FEDERAL HIGHWAY
LOT #3301
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1337
STUART, FL 34995

New Mailing Address:

FEI Number: 65-1044839 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NABERHAUS, MICHELLE L ESQ.
708 S.E. MICHAELS CT.
STUART, FL 349963636 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:	EX D	( ) Delete
Name:	BEAVER, NANCY J	
Address:	5000 S.E. FEDERAL HWY. LOT 3301	
City-St-Zip:	STUART, FL 34997 US	
Title:	P	( ) Delete
Name:	MOIR, JAMES B	
Address:	5215 S.E. WILLIAMS WAY	
City-St-Zip:	STUART, FL 34997	
Title:	VP	( ) Delete
Name:	BISCHOFF, TERENCE G	
Address:	13325 MAPLEWOOD DRIVE	
City-St-Zip:	PALM CITY, FL 34990	
Title:	ST	( ) Delete
Name:	NABERHAUS, MICHELLE ESQ.	
Address:	708 S.E. MICHAELS CT.	
City-St-Zip:	STUART, FL 34996	

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 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: NANCY J. BEAVER EXEC 01/16/2009

Electronic Signature of Signing Officer or Director — Date