2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N08000007778

Entity Name: SUNSHINE REPAIR GROUP, INC.

Current Principal Place of Business:

7963 NW 33RD STREET
MIAMI, FL 33122

New Principal Place of Business:

Current Mailing Address:

7963 NW 33RD STREET
MIAMI, FL 33122

New Mailing Address:

FEI Number: 26-3210435 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MITSUISHI, HIRONORI
7963 NW 33RD STREET
MIAMI, FL 33122 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: PD ( ) Delete
Name: LYNE, THOMAS
Address: 8305 SW 152ND AVENUE #408
City-St-Zip: MIAMI, FL 33196

Title: D ( ) Delete
Name: LYNE, ELIANA
Address: 8305 SW 152ND AVENUE #408
City-St-Zip: MIAMI, FL 33196

Title: VD ( ) Delete
Name: MITSUISHI, HIRONORI
Address: 7963 NW 33RD STREET
City-St-Zip: MIAMI, FL 33122

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LYNE, THOMAS
Address: 9601 SW 142ND AVENUE, #423
City-St-Zip: MIAMI, FL 33186

Title: D (X) Change ( ) Addition
Name: LYNE, ELIANA
Address: 9601 SW 142ND AVENUE, #423
City-St-Zip: MIAMI, FL 33186

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: THOMAS LYNE PD 01/16/2009

Electronic Signature of Signing Officer or Director — Date