

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010482

FILED  
Mar 16, 2011  
Secretary of State

**Entity Name:** SCREAMINGFORSUNSHINE CORPORATION

**Current Principal Place of Business:**

4003 S WESTSHORE BLVD #3509  
TAMPA, FL 33611

**New Principal Place of Business:**

7473 SW 82ND ST  
SUITE A109  
MIAMI, FL 33143

**Current Mailing Address:**

C/O G. COTHRON 904 LEISURE AVE  
TAMPA, FL 33613

**New Mailing Address:**

7473 SW 82ND ST  
SUITE A109  
MIAMI, FL 33143

**FEI Number:** 27-1184592

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COTHRON, GRETCHEN R  
4003 S WESTSHORE BLVD #3509  
TAMPA, FL 33611 US

**Name and Address of New Registered Agent:**

COTHRON, GRETCHEN R  
904 LEISURE AVE  
TAMPA, FL 33613 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: GRETCHEN COTHRON

03/16/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: COTHRON, GRETCHEN R  
Address: 904 LEISURE AVE  
City-St-Zip: TAMPA, FL 33613

Title: DR  
Name: HOWARD, CANNON B  
Address: 4808 FLAMINGO RD #B  
City-St-Zip: TAMPA, FL 33611

Title: DR  
Name: JOHN, GAGNE  
Address: BRANDON BLVD  
City-St-Zip: TAMPA, FL 33602

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: GRETCHEN COTHRON

PD

03/16/2011

Electronic Signature of Signing Officer or Director

Date