## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47597

FILED Apr 09, 2008 Secretary of State

Entity Name: SUNSHINE BRASS BAND, INC.

Current Principal Place of Business:					New Principal Place of Business:			
	OGEDALE RD ERRACE, FL 336	617 L	JS					
Current Mailing Address:				Ne	New Mailing Address:			
	TH RIDGEDALE ERRACE, FL 336		JS					
FEI Number:	59-3142502 F	El Numb	er Applied For()	FEI Numbe	r Not Applic	able ( )	Certificate of	Status Desired ( )
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:								
GLOW, LEWIS A. 11007 NORTH RIDGEDALE RD TEMPLE TERRACE, FL 33617 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:								
Electronic Signature of Registered Agent					Date			
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () Del PETO, DAVE 24932 JOINER CT LUTZ, FL 33549	ete		Ade	e: me: dress: y-St-Zip:		()Change ()Ad	ldition
Title: Name: Address: City-St-Zip:	VD () Del DETMAN, LINDA 3309 SAN GABRIEL CLEARWATER, FL	_ ST.		Ade	me: dress:	DETMAN, LIN 3309 SAN GA		ddition
Title: Name: Address: City-St-Zip:	PD () Del STIBLING, RANDY 4909 RIVER BLVD TAMPA, FL 33603	ete		Ade	e: me: dress: y-St-Zip:		()Change ()Ad	ldition
Title: Name: Address: City-St-Zip:	D () Del JONES, TIM 11305 LINBANKS P TEMPLE TERRACE	PL	17	Ade	me: dress:	ADAMS, TER	ANY BAY DR #104	
Title: Name: Address: City-St-Zip:	TSD () Del GLOW, LEWIS A 11007 N RIDGEDAI TEMPLE TERRACE	LE RD	17	Ade	e: me: dress: y-St-Zip:		()Change ()Ad	ldition
Title: Name: Address: City-St-Zip:	D () Del GORSKI, PETER A 1013 ROYAL PASS TAMPA, FL 33602			Ade	me: dress:	VD GORSKI, PE 1013 ROYAL TAMPA, FL	. PASS RD	ddition

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: LEWIS A GLOW TSD 04/09/2008