


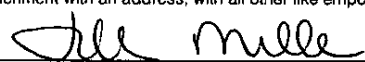


**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

[illegible]

<b>DOCUMENT # N94000004902</b>						<b>Secretary of State</b> 02-06-2006 90053 015 ****61.25	
1. Entity Name <b>SONSHINE CHRISTIAN ACADEMY, INC.</b>							
Principal Place of Business <b>1671 SW CROSSING CIRCLE PALM CITY, FL 34990 US</b>		Mailing Address <b>P.O. BOX 754 STUART, FL 34995 US</b>					
2. Principal Place of Business <b>SAME</b> Suite, Apt. #, etc.		3. Mailing Address <b>SAME</b> Suite, Apt. #, etc.		  <b>01262006 Chg-NP CR2E037 (11/05)</b>			
City & State		City & State					
Zip		Zip					
Country		Country		4. FEI Number <b>65-0524778</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>							
6. Name and Address of Current Registered Agent <b>WINCHELL, REGENA 641 NE ZEBRINA SENDA JENSEN BEACH, FL 34957</b>				7. Name and Address of New Registered Agent Name <b>JILL MILLER</b> Street Address (P.O. Box Number is Not Acceptable) <b>1281 SW FAST ST</b> City <b>PALM CITY</b> <b>FL</b> Zip Code <b>34990</b>			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE  (Treasurer) <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				1/26/06 <small>DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV EFINGER, KURT 2596 NE LETITIA STREET JENSEN BEACH, FL 34957	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Donna Fenton 1700 SW Belgrave Terr. Stuart FL 34997 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BARBEAU, LORI 6765 SW CHASE COURT STUART, FL 34997	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Allana Martian 8696 SE Lyons Rd Hobe Sound FL 33455 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WINCHELL, REGENA 641 NE ZEBRINA SENDA JENSEN BEACH, FL 34957	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JILL MILLER 1281 SW FAST ST PALM CITY FL 34990 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PRICE, CLYDE 1671 SW CROSSING CIRCLE PALM CITY, FL 34990	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, KRISTINE 1271 SW EVERGREEN LANE PALM CITY, FL 34990	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURET, STEPHEN 4570 OAKHAVEN LANE PALM CITY, FL 34990	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				1/26/06 772-223-0540 <small>Date Daytime Phone #</small>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							