


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

**Feb 19, 2007 08:00 AM
Secretary of State**

DOCUMENT # N96000001605 1. Entity Name SUNSHINE AGRICULTURE INCORPORATED	
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Principal Place of Business 1801 HERMITAGE BLVD., SUITE 600 TALLAHASSEE, FL 32308	Mailing Address 1801 HERMITAGE BLVD., SUITE 600 TALLAHASSEE, FL 32308
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02132007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3375053	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TODD, DAVID E
1801 HERMITAGE BLVD.
STE. 100
TALLAHASSEE, FL 32308

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution... **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, DOUGLAS W 1801 HERMITAGE BLVD., SUITE 600 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS SMITH, JEFF 1801 HERMITAGE BLVD., SUITE 600 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAT GRAY, LYNNE M 1801 HERMITAGE BLVD., SUITE 600 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARSH, PAUL 801 WARRENVILLE STE 150 LISLE, IL 60532
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MCDONALD, JACK 2200 ROSS AVE DALLAS, TX 75201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLISON, CHARLES 801 WARRENVILLE RD., STE. 600 LISLE, IL 60532

U00000642549
03/01/07-80038-024 61.25

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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: *Paul E. Marsh* 2-13-07 10308101700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #