2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2005
Secretary of State

DOCUMENT# N96000002172

Entity Name: SUNSHINE PAYEE CORPORATION

Current Principal Place of Business:

5200 SEMINOLE BOULEVARD #G
ST. PETERSBURG, FL 33708

New Principal Place of Business:

3530 1ST AVE N
SUITE 214
ST. PETERSBURG, FL 33713 US

Current Mailing Address:

5200 SEMINOLE BOULEVARD #G
ST. PETERSBURG, FL 33708

New Mailing Address:

3530 1ST AVE N
SUITE 214
ST. PETERSBURG, FL 33713 US

FEI Number: 59-3374211 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STETLER, BENJAMIN S
610 ISLAND WAY #601
CLEARWATER, FL 33767 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: STETLER, BENJAMIN
Address: 610 ISLAND WAY #601
City-St-Zip: CLEARWATER, FL 33767

Title: D ( ) Delete
Name: DERRY, ROBERT D
Address: 407 S BAYSHORE DR
City-St-Zip: MADEIRA BEACH, FL

Title: STD (X) Delete
Name: STETLER, SHIRLEY
Address: 610 ISLAND WAY #601
City-St-Zip: CLEARWATER, FL 33767

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change ( ) Addition
Name: STETLER, SHERRY
Address: 610 ISLAND WAY #601
City-St-Zip: CLEARWATER, FL 33767

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BENJAMIN STETLER PD 01/15/2005

Electronic Signature of Signing Officer or Director — Date