

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002313

FILED
Mar 22, 2008
Secretary of State

Entity Name: SUNSHINE SKYLINERS, INC.

Current Principal Place of Business:

4642 HALL RD.
ORLANDO, FL 32817

New Principal Place of Business:

4601 THORNLEA RD
ORLANDO, FL 32817

Current Mailing Address:

4642 HALL RD.
ORLANDO, FL 32817

New Mailing Address:

4601 THORNLEA RD
ORLANDO, FL 32817

FEI Number: 59-3571295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLIOTT, CLAYTON M
4642 HALL RD.
ORLANDO, FL 32817 US

Name and Address of New Registered Agent:

ELLIOTT, CLAYTON M
4601 THORNLEA RD
ORLANDO, FL 32817 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:

03/22/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ELLIOTT, CLAYTON
Address: 4642 HALL ROAD
City-St-Zip: ORLANDO, FL 32817

Title: TD () Delete
Name: ELLIOTT, BILLIE J
Address: 4642 HALL ROAD
City-St-Zip: ORLANDO, FL 32817

Title: D () Delete
Name: MACEACHRON, SCOTT
Address: 2511 NE 20TH AVE
City-St-Zip: LIGNTHOUSE PT, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ELLIOTT, CLAYTON
Address: 4601 THORNLEA RD
City-St-Zip: ORLANDO, FL 32817

Title: TD (X) Change () Addition
Name: ELLIOTT, BILLIE J
Address: 4601 THORNLEA RD
City-St-Zip: ORLANDO, FL 32817

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

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: CLAYTON M. ELLIOTT

PD

03/22/2008

Electronic Signature of Signing Officer or Director

Date