


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000042139</b> 1. Entity Name <b>SUNSHINE IDEAS, INC.</b>	
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Principal Place of Business 2045 W. STATE ROAD 434 LONGWOOD, FL 32779	Mailing Address 2045 W. STATE ROAD 434 LONGWOOD, FL 32779
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**DO NOT WRITE IN THIS SPACE**



01302004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3640200	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  CHEN, BING-KUN 2045 W. STATE ROAD 434 LONGWOOD, FL 32779	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

U000000032808

02/05/04-20018-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHEN, BING-KUN 2045 W. STATE ROAD 434 LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CHEN, WAN-YI 2045 W. STATE ROAD 434 LONGWOOD, FL 32779
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/04 (407) 786 2266  
Date Daytime Phone #