FILED Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90123 003 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

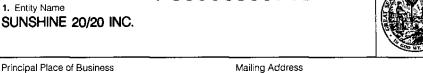
DOCUMENT #

P00000066715

1. Entity Name

SUNSHINE 20/20 INC.

5258 LINTON BLVD., SUITE 204



5258 LINTON BLVD.. SUITE 204

DECKAT BOT	FL 33464		DELRAT BOR FL 33464								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & Star	te	City & State			<u>.</u>	4.	FEI Number 65-1026633		plied For at Applicable		
Zip	Country Zip				Country		5.	5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
						Name					
PEARLMAN, PETER 5258 LINTON BLVD., SUITE 204						Street Address (P.O. Box Number is Not Acceptable)					
DELRAY BCH FL 33484											
						City FL Zip Code					
	e named entit tions of regist		r the purpos	e of changing its (registere	ed office or regis	stered a	gent, or both, in the State of Florida. I ar	n familiar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered agent a	and title if applica	ble. (NOTE:	: Registere	I Agent signature requi	ired when	reinstating) DATE			
٠	42							T		" 	
FILE NOW!!!. FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campalgn Financing Trust Fund Contribution.		May Be to Fees	
10.		. OFFICERS AND	DIRECTORS		11.	-	Al	DDITIONS/CHANGES TO OFFICERS AF	ND DIRECTORS	S IN 11	
THTLE NAME STREET ADDRESS	D PEARLMAI 5258 LINT	N, KAREN ON BLVD., SUITE 204		☐ Delete	TITLE NAME STRE				☐ Change	Addition	
CITY-ST-ZIP	DELRAY 8	CH FL 33484		·		ST-ZIP		<u>.</u>			
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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:

CITY-ST-ZIP